

Code Green

Unit/Department Plan

Completion Guide

What is a Code Green Unit/Department Plan?

A Code Green Unit/Department Plan outlines site-specific information, essential equipment, and designated locations that may be used during an evacuation or relocation event. This Plan serves as a supplement to the general Code Green protocols and is designed to be a practical, in-the-moment reference during an emergency. It can also be shared with first responders and external partners involved in the response.

HEMBC recommends using the Code Green Plan alongside the Inter-& Intra-Health Authority Relocation (IIHAR) Toolkit when any external evacuation is required.

Purpose/Objective

This document serves as a guide for staff to complete the Code Green Unit/Department Plan template. It provides step-by-step instructions for documenting essential information related to evacuation and relocation procedures. Staff may select pre-filled wording highlighted in grey to align with site-specific terminology.

Components

- Unit/Department Information
- Evacuee Assessment
- Evacuation/Relocation Devices
- Equipment & Supplies
- Staff Support
- Evacuation/Relocation Location Options
- Finalized Plan/Forms
- Plan Maintenance
- Appendix A: Evacuation/relocation Floor Plans
- Appendix B: Staff Evacuation/relocation Tracking Form
- Appendix C: Client/Resident Evacuation/Relocation Tracking Form

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Unit/Department Information				
Unit/Department Name:	<i>Specify the LTC/AL home name if the plan covers the entire site. If the plan is for a specific unit or department, provide its name, especially if different equipment or evacuation/relocation locations apply</i>			
Type of Services:	<i>Describe the types of services provided to clients/residents</i>			
	<i>Select the applicable service categories from the provided checkboxes.</i>			
Number of Beds:	<i>List the number of floors in the home</i>	<i>Include name of floor (if applicable)</i>	<i>Describe the types of services offered on floor</i>	<i>Include number of beds on each floor</i>
	<i>Include total number of beds in LTC/AL home</i>			
Location:	<i>Provide the full address of the LTC/AL home</i>			
Hours of Operation:	<i>Indicate whether 24/7 care is provided. Specify the operating hours for departments with different schedules</i>			
Unit Contact Number:	<i>Provide the main reception line and any after-hours contact numbers</i>			
Crisis External Evacuation Locations	<ul style="list-style-type: none"> <i>Identify the agreements/memorandums of understanding that are in place with other facilities and/or the municipality and identify the locations that would be assessed and prioritized as a receiving site</i> <i>Please note: It is a licensing requirement that a receiving site be identified as part of a provider's emergency management preparedness plan. This serves as an essential layer of support, ensuring that all internal options have been fully explored and exhausted prior to involving the health authority</i> 			

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Evacuee Assessment

The evacuee assessment tables provide an estimate of the percentage of clients/residents and their mobility levels, including ambulatory, wheelchair-bound, and individuals who require bed-based care and are dependent on full assistance for evacuation, and the number of staff and visitors. Although census numbers may fluctuate, it is recommended to plan based on the maximum occupancy and the highest percentage of non-ambulatory clients/residents to ensure preparedness.

The evacuee assessment table below provides an example of the percent of individuals on the floor for each mobility level

	Unit/Department	Ambulatory	Use a wheelchair and can move independently	Bed-based care and dependent on full assistance for evacuation	Total Count
Floor 1	<i>Cypress</i>	20%	40%	40%	50
Floor 2	<i>Seymour</i>	0	100%	0	50
Floor 3	<i>Grouse</i>	40%	20%	40%	50
	Total	150 patients/clients/residents			

The evacuee assessment table below provides an example of the number of staff and visitors that may be on site

Staff/Physicians	Daytime: 30 staff total Evening: 20 staff total Overnight: 10 staff total
Visitors/Others	<i>Approx. 30 on an average day</i>

Evacuation/Relocation Devices

The evacuation/relocation devices table provides a list of available equipment used to assist in the safe movement of clients/residents to a designated receiving area. The table also includes a column indicating the storage location of each device. This table can be customized by adding or removing devices based on what is available.

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Important note: Evacusleds are not recommended for vertical relocation due to staff safety concerns during the movement of clients/residents.

The evacuation/relocation devices table below provides an example of the types of transportation devices, the quantity available, and their storage locations.

Transportation Device	Number/Source/Location
Wheelchairs	<ul style="list-style-type: none">• <i>Wheelchairs stored in patient/client/resident rooms</i>• <i>5 extras in storage closet in basement</i>
Walkers	<ul style="list-style-type: none">• <i>Walkers stored in patient/client/resident rooms</i>• <i>3 extras in storage closet in basement</i>
Canes	<ul style="list-style-type: none">• <i>Canes stored in patient/client/resident rooms</i>• <i>2 extras stored in storage closet in basement</i>
Slings	<ul style="list-style-type: none">• <i>1 sling in storage closet</i>
Beds	<ul style="list-style-type: none">• <i>Beds in patient/client/resident rooms</i>• <i>Can be wheeled for horizontal evacuation/relocation and/or vertical/external if elevators functioning</i>
Other	

Equipment & Supplies

The equipment & supplies table provides a list of medical and administrative items required for immediate care during relocation. These items may be transported to a receiving area to ensure continuity of care. This table can be customized by adding or removing equipment & supplies based on what is available.

Note: In the absence of evacu-tags, tape or sticky notes can be used as a visual indicator that a room has been evacuated.

The equipment & supplies table below provides an example of the necessary medical and administrative items, their storage locations, and how they will be transported to a receiving area.

Medical equipment/ supplies/Items	Location	Describe how they will be transported
Charts and care plans	<i>Nursing station on each unit</i>	<i>Handheld and will be transported with each patient/resident/client</i>

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Monitors (vital signs, blood pressure, etc.)	<i>Nursing station on each unit</i>	<i>Transportable cart on wheels and battery powered</i>
Medical oxygen concentrators	<i>Concentrators and tanks stored in first aid room</i>	<i>Cylinders and concentrators on wheels</i>
Portable suction	<i>Nursing station on each unit</i>	<i>Handheld/transportable on wheels</i>
Medical carts	<i>Nursing station on each unit</i>	<i>Transportable cart on wheels</i>
Blankets (cold weather)	<i>Closet on each unit and laundry room</i>	<i>Handheld</i>
Other		
Administrative supplies/items	Location	Describe how they will be transported
Emergency laptop	<i>Admin office</i>	<i>Handheld</i>
Emergency contact lists	<i>Nursing station on each unit and in the administration office</i>	<i>Handheld</i>
Tape or sticky notes to mark doors that area is evacuated [if no evac-tag on doors]	<i>Nursing station on each unit and in the administration office</i>	<i>Handheld</i>
Bags to hold patient/client/resident valuables and charts	<i>Nursing station on each unit</i>	<i>Handheld</i>

Staff Support

The staff support table identifies all staff who may be available to assist during an evacuation or relocation event. It differentiates between clinical and non-clinical roles, as responsibilities may vary. This table can be adapted to reflect site-specific needs, ensuring all necessary actions for moving clients/residents, staff, and equipment are covered. For example, housekeeping and laundry staff may assist with transporting equipment and supplies, while clinical staff may focus on the safe relocation of clients/residents.

The staff support table below details the type of staff and their function during an evacuation/relocation

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Staff to support evacuation/relocation	Function in evacuation/relocation
[Clinical/ Interdisciplinary Staff]	<p>First Priority: Ensure personal safety first</p> <ul style="list-style-type: none"> The nurse in charge must be notified by the Site Manager, or they must notify the Site Manager of the situation The nurse in charge will oversee the actions below <p>Primary Responsibilities:</p> <ul style="list-style-type: none"> Notify staff and request additional assistance for the relocation if needed Coordinate and direct the safe movement of clients/residents Record and track all clients/residents, staff, and evacuees using: <ul style="list-style-type: none"> Staff Tracking Form (Appendix B) Client/Resident Tracking Form (Appendix C)
[Administrative/Maintenance /Housekeeping/Food Services Staff]	<p>First Priority: Ensure personal safety first</p> <p>Primary Responsibility:</p> <ul style="list-style-type: none"> Report to the Emergency Operation Centre (EOC) or the designated safe area for further instructions Secure the work area by ensuring files are stored safely and the area is locked Assist with the movement of clients/residents as directed by care staff
Other Considerations	
<ul style="list-style-type: none"> Administration will contact client/resident families to request assistance, provide support, and inform them of the temporary relocation Use overhead announcements and/or designated staff (runners) to notify personnel that assistance is needed 	

Evacuation/Relocation Options

The evacuation/relocation options table outlines established locations that may be used as staging areas for clients/residents in the event of an emergency. Horizontal relocation – moving clients/residents to the other side of a fire door – should be prioritized before considering vertical or external evacuation.

Important notes:

- Evacuation and relocation events vary, and if a designated location is unavailable, alternative locations should be identified and assessed
- External evacuation locations may serve as a temporary staging area while longer-term accommodations are arranged. Final decisions will be made in real time by the Emergency Operation Centre (EOC)

The evacuation/relocation options table below provides details on designated safe locations for each type of evacuation/relocation

Horizontal Evacuation/Relocation
<p>The preferred evacuation/relocation method is horizontal relocation, moving residents to a designated area of refuge on the other side of a fire or smoke door, if safe to do so.</p> <ul style="list-style-type: none">• Staff, clients/residents, and visitors in Seymour can relocate between East and West Wings• Staff, clients/residents and visitors in Grouse can relocate between East and West Wings• Staff, clients/residents and visitors in Cypress can relocate between East and West Wings <p>Note: A staff member will be designated to watch doors to prevent resident movement outdoors and/or to areas that may be unsafe</p>
Vertical Evacuation/Relocation
<p>Vertical evacuation/relocation should only be conducted if upper floors become unsafe</p> <ul style="list-style-type: none">• In the event of a fire or elevator failure, clients/residents should be evacuated to the ground floor using a designated stairwell. Once on the ground floor, they should be moved horizontally to a designated area of refuge (see Horizontal Evacuation/Relocation), or, if necessary, externally (see External Relocation)• Contact backup/911 immediately if evacuation from the building or medical transport is required

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External Evacuation

All decisions regarding external evacuation/relocation are made by the *[Manager/Director of Care/Designate]* based on a thorough assessment of the situation.

Please note: If an immediate external evacuation is required, each provider should have pre-identified receiving site(s) as part of its emergency preparedness plan and in alignment with licensing requirements. Depending on the emergency, the pre-identified location(s) should be re-assessed for safety prior to movement of residents/clients.

The *[Manager/Director of Care/Designate]* will activate the EOC in consultation with subject matter experts (e.g., Police, Fire, Ambulance). These experts will assess whether a longer-term relocation is necessary and will provide recommendations to the EOC. Logistics will be coordinated to relocate clients/residents to pre-arranged accommodations or locations with suitable green space.

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Finalized Plan/Forms

Once the Code Green Unit/Department Plan is finalized, complete the following activities to ensure staff awareness and accessibility during evacuation/relocation:

- ☐ Print and insert the completed plan into the Emergency Response and Code Manual(s)
- ☐ Assemble a Code Green Kit with essential supplies, as outlined in the Equipment and Supplies section

Code Green Kit

Suggested contents include:

- Tape and/or sticky notes
- Permanent markers / Pencils / Pens
- Charting/Tracking forms
- Site contact list
- Resident ID/family contacts
- Staff instructions
- Bags to hold resident valuables and medical records
- Copy of Code Green Unit/Department Plan

Plan Maintenance

The Plan should be reviewed annually and/or updated every three years if no changes are needed annually

- ☐ Review and update the plan and kit on an annual basis (12 months) from the publish date.

Appendix A: Evacuation/Relocation Floor Plans

[Floor Plans can be included in the Code Green Unit/Department Plan to ensure they can be quickly referenced during an emergency response]

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Appendix B: Staff Evacuation/Relocation Tracking Form

Purpose: <i>To be completed during an internal evacuation/relocation to maintain a record of staff movement and arrival</i>						
Unit/Department		Time		Date	Completed by	
Name	Unit/Department	Time of Evacuation/relocation		Destination	Arrival at Destination	
		Date:			Date:	
		Time:			Time:	
		Date:			Date:	
		Time:			Time:	
		Date:			Date:	
		Time:			Time:	
		Date:			Date:	
		Time:			Time:	
		Date:			Date:	
		Time:			Time:	
		Date:			Date:	
		Time:			Time:	
Completed by:		Unit/Department Manager/Designate				
Copies to:		Emergency Operation Centre (EOC) Operations Chief/Administration/Site Leadership				

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Appendix C: Client/Resident Evacuation/Relocation Tracking Form

Purpose: <i>To be completed during an internal evacuation/relocation to maintain a record of client/resident movement and arrival</i>							
Unit/Department		Time	Date		Completed by		
Client/Resident	Equipment Needs	Evacuation/Relocation Devices	Time of Evacuation/Relocation		Destination	Arrival at Destination	
Client/Resident Name <input type="checkbox"/> Chart <input type="checkbox"/> Personal Belongings <input type="checkbox"/> Medications	<input type="checkbox"/> Oxygen <input type="checkbox"/> Monitor <input type="checkbox"/> Ventilator <input type="checkbox"/> Pump <input type="checkbox"/>	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> Bed <input type="checkbox"/>	Date:			Date:	
			Time:			Time:	
Client/Resident Name <input type="checkbox"/> Chart <input type="checkbox"/> Personal Belongings <input type="checkbox"/> Medications	<input type="checkbox"/> Oxygen <input type="checkbox"/> Monitor <input type="checkbox"/> Ventilator <input type="checkbox"/> Pump <input type="checkbox"/>	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> Bed <input type="checkbox"/>	Date:			Date:	
			Time:			Time:	
Client/Resident Name <input type="checkbox"/> Chart <input type="checkbox"/> Personal Belongings <input type="checkbox"/> Medications	<input type="checkbox"/> Oxygen <input type="checkbox"/> Monitor <input type="checkbox"/> Ventilator <input type="checkbox"/> Pump <input type="checkbox"/>	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> Bed <input type="checkbox"/>	Date:			Date:	
			Time:			Time:	

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Patient	Equipment Needs	Evacuation/Relocation Devices	Time of Evacuation/Relocation	Destination	Arrival at Destination
Client/Resident Name <input type="checkbox"/> Chart <input type="checkbox"/> Personal Belongings <input type="checkbox"/> Medications	<input type="checkbox"/> Oxygen <input type="checkbox"/> Monitor <input type="checkbox"/> Ventilator <input type="checkbox"/> Pump <input type="checkbox"/>	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> Bed <input type="checkbox"/>	Date:		Date:
			Time:		Time:
Client/Resident Name <input type="checkbox"/> Chart <input type="checkbox"/> Personal Belongings <input type="checkbox"/> Medications	<input type="checkbox"/> Oxygen <input type="checkbox"/> Monitor <input type="checkbox"/> Ventilator <input type="checkbox"/> Pump <input type="checkbox"/>	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> Bed <input type="checkbox"/>	Date:		Date:
			Time:		Time:
Client/Resident Name <input type="checkbox"/> Chart <input type="checkbox"/> Personal Belongings <input type="checkbox"/> Medications	<input type="checkbox"/> Oxygen <input type="checkbox"/> Monitor <input type="checkbox"/> Ventilator <input type="checkbox"/> Pump <input type="checkbox"/>	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> Bed <input type="checkbox"/>	Date:		Date:
			Time:		Time:
Completed by:	Unit/Department Manager/Designate				
Copies to:	Emergency Operation Centre (EOC) Operations Chief/Administration/Site Leadership				