Code Green

Unit/Department Plan

[Insert Unit/Department Name]

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| **What is a Code Green?**A Code Green is activated when an organized evacuation or relocation of persons from an area at risk to a safe location is required. The decision to relocate is always made by a thorough evaluation of the risks to [resident/client] care. **Purpose/Objective**The purpose of this plan is to outline the needs and actions required by your unit/department to execute a safe relocation. 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.**Components*** Unit/Department Information
* Evacuee Assessment
* Evacuation/Relocation Devices
* Equipment & Supplies
* Staff Support
* Evacuation/relocation/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
 |
| **Date of Plan:** | [Date of Plan completion] |
| **Document prepared by:**  | [Unit/Department Manager] |

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| **Unit/Department Information** |
| **Unit/Department Name:** |  |
| **Type of Services:** |  |
| **☐ *[****Resident/Client]* Care Area***☐ [****Non****-*** *Resident/Client]* Care Area | **☐** In-Patient**☐** Out-Patient |
| **Number of Beds:** | **Floor** |  |  | *[XX]* Beds |
| **Total: XX Beds** |
| **Location:** |  |
| **Hours of Operation:** |  |
| **Unit Contact Number:** | **Main reception:** **After hours:**  |
| **Crisis External Evacuation Locations:**  | [Home name] has partnered with [partnership groups] and identified the following external locations that will be used for immediate crisis evacuation. * *[Location]*
* *[Location]*
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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 [client/resident] dependent on full assistance for evacuation, and the number of staff and visitors. Refer to your most current census for an up-to-date account.

When relocating/evacuating [clients/residents], use the Client/Resident Evacuation/Relocation Tracking Form (Appendix C)

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|  | Unit/Department | Ambulatory | Use a wheelchair and can move independently | Bed-based care and dependent on full assistance for evacuation | **Total Count** |
| Floor |  |  |  |  |  |
|  | **Total** |  |  |  |  |

When relocating/evacuating staff, use the Staff Evacuation/Relocation Tracking Form (Appendix B).

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| --- | --- |
| Staff/Physicians | **Daytime**: **Evening**: **Overnight**:  |
| Visitors/Others | Approx. *[XX]* on an average day |

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| **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.

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| --- | --- |
| **Transportation Device** | **Number/Source/Location** |
| Wheelchairs |  |
| Walkers |  |
| Canes |  |
| Slings |  |
| Beds |  |
| Other |  |

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| **Equipment & Supplies** |

The equipment & supplies table provides a list of medical and administrative items required for immediate care during evacuation/relocation and details their storage locations, and how they will be transported to a receiving area.

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| --- | --- | --- |
| **Medical equipment/****supplies/Items** | **Location** | **Describe how they will be transported** |
| Charts and care plans |  |  |
| Pumps |  |  |
| Monitors (vital signs, blood pressure, etc.) |  |  |
| Medical oxygen concentrators |  |  |
| Portable suction |  |  |
| Medical carts |  |  |
| Blankets (cold weather) |  |  |
| Other |  |  |
| **Administrative supplies/items** | **Location** | **Describe how they will be transported** |
| Emergency laptop |  |  |
| Emergency contact lists |  |  |
| Tape or sticky notes to mark doors that area is evacuated *[if no evacu-tag on doors]* |  |  |
| Bags to hold [client/resident] valuables and charts |  |  |

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| **Staff Support** |

The staff support table identifies all staff who may be available to assist during an evacuation or relocation event.

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| **Staff to support evacuation/relocation** | **Function in Evacuation/relocation** |
| *[Clinical/ Interdisciplinary Staff]* | ***First Priority: Ensure personal safety first****Primary Responsibilities:* |
| *[Administrative/Maintenance/**Housekeeping/Food Service Staff]* | ***First Priority: Ensure personal safety first****Primary Responsibilities:*  |
| **Other Considerations** |
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| **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. Evacuation/relocation events vary and if a designated location is unavailable, alternative locations should be identified and assessed.

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| **Horizontal Evacuation/Relocation** |
| 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.*[Enter the main internal areas that the site may be evacuating to (ex. Dining Hall, Living Room, Alcoves, Spare Room, etc.]* |
| **Vertical Evacuation/Relocation** |
| Vertical evacuation/relocation should only be conducted if upper floors become unsafe* 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
 |
| **External Evacuation/Relocation** |
| All decisions regarding external evacuation/relocation are made by the *[Manager/Director of Care/Designate]* based on a thorough assessment of the situation.If an immediate external evacuation is required, [site name] has [agreements/memorandums of understanding] for evacuation support, including support as a receiving site, and the following locations will be assessed and prioritized:* *[Location]*
* *[Location]*

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

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| **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
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| **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

## Appendix B: Staff Evacuation/Relocation Tracking Form

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| **Purpose:** *To be completed during an internal relocation to maintain a record of staff movement and arrival* |
| **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 |

## Appendix C: Client/Resident Evacuation/Relocation Tracking Form

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| **Purpose:** *To be completed during an internal evacuation/relocation to maintain a record of client/resident movement and arrival* |
| **Unit/Department** | **Time** | **Date** | **Completed by** |
|  |  |  |  |
| **Client/Resident** | **Equipment Needs** | **Evacuation/Relocation Devices** | **Time of Evacuation/Relocation** | **Destination** | **Arrival at Destination** |
| Client/Resident Name☐ Chart ☐ Personal Belongings☐ Medications | ☐ Oxygen☐ Monitor☐ Ventilator☐ Pump☐  | ☐ Ambulatory☐ Wheelchair☐ Stretcher☐ Bed☐  | **Date:** |  |  | **Date:** |  |
| **Time:** |  | **Time:** |  |
| Client/Resident Name☐ Chart ☐ Personal Belongings☐ Medications | ☐ Oxygen☐ Monitor☐ Ventilator☐ Pump☐  | ☐ Ambulatory☐ Wheelchair☐ Stretcher☐ Bed☐  | **Date:** |  |  | **Date:** |  |
| **Time:** |  | **Time:** |  |
| Client/Resident Name☐ Chart ☐ Personal Belongings☐ Medications | ☐ Oxygen☐ Monitor☐ Ventilator☐ Pump☐  | ☐ Ambulatory☐ Wheelchair☐ Stretcher☐ Bed☐  | **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☐ Chart ☐ Personal Belongings☐ Medications | ☐ Oxygen☐ Monitor☐ Ventilator☐ Pump☐  | ☐ Ambulatory☐ Wheelchair☐ Stretcher☐ Bed☐  | **Date:** |  |  | **Date:** |  |
| **Time:** |  | **Time:** |  |
| Client/Resident Name☐ Chart ☐ Personal Belongings☐ Medications | ☐ Oxygen☐ Monitor☐ Ventilator☐ Pump☐  | ☐ Ambulatory☐ Wheelchair☐ Stretcher☐ Bed☐  | **Date:** |  |  | **Date:** |  |
| **Time:** |  | **Time:** |  |
| Client/Resident Name☐ Chart ☐ Personal Belongings☐ Medications | ☐ Oxygen☐ Monitor☐ Ventilator☐ Pump☐  | ☐ Ambulatory☐ Wheelchair☐ Stretcher☐ Bed☐  | **Date:** |  |  | **Date:** |  |
| **Time:** |  | **Time:** |  |
| **Completed by:** | Unit/Department Manager/Designate |
| **Copies to:** | Emergency Operation Centre (EOC) Operations Chief/Administration/Site Leadership |