CODE GREEN POLICY AND ROMHC, ROP, BMHC, CARLINGWOOD CAMPUS

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INTRODUCTION

Code Green is declared for a response to an emergency incident that normally involves decisions and actions for a partial or total facility evacuation. **Evacuation** involves the movement of residents, patients, staff and other personnel from a hazardous area to an area of safety that may be within a facility or outside to an emergency assembly area). Evacuation is implemented in as rapid, controlled and safe a manner as possible.

An alternate measure that may be implemented, based on the risk and exposure to a hazardous environment, is that of **Shelter-in-Place**. Shelter-in-Place is included in the Code Green guidelines as the circumstances surrounding the emergency incident may require a key risk management decision involving one of two critical measures:

- ☐ Evacuation of occupants outside the facility or,
- ☐ Keep the occupants inside and protect in place.

The strategy for reaction to most emergencies in a hospital facility will include **defend-in-place** (or protect-in-place) principles. This implies that most or all patients, residents and staff will stay in the facility during an emergency, providing it is safe to do so, using the building's fire and life features and internal evacuation measures to provide safety and protect life. In the event that this strategy will not provide for life safety, reactionary measures and critical decision making become dynamic in nature and the strategy of **everybody-out** will be applied. This includes the immediate movement of patients, residents and staff from floors or from the building (a decision and measure of last resort).

A Code Green may not be the stand-alone emergency code declaration and resulting actions. It is probable that the Code Green is declared as an outcome of another emergency situation. A Code Green may be associated with emergency incidents such as:

- ☐ An explosion and fire,
- ☐ A hazardous materials release or spill,
- ☐ A loss of critical infrastructure,
- ☐ A bomb threat or,
- ☐ Internal flooding.

The impacts could result in: partial, immediate (urgent) total evacuation or planned total evacuation of the facility depending on the severity of the threat.

Decisions and Actions

In chaotic times, with a high degree of uncertainty, a simple and highly functional solution may not be readily available. Decisions regarding the protection of people's lives are not always accompanied with simple rules and fixed checklists. Decisions from seat-of-the-pants or based on hunches and luck will not likely produce the optimal choices. Functional plans, pre-emergency planning, training and exercising support the achievement of the optimal decisions, when time is not plentiful and decisions can mean the saving of lives.

Shelter-in-Place decisions and measures may be associated with emergency conditions such as:

- ☐ Severe weather,

- ☐ Hazardous materials incident or
- ☐ Acts of terrorism.

A summary of phases related to a Code Green emergency and some guidelines for assessment are provided below to assist with the decision making regarding evacuation or shelter- in- place, recovery and repatriation:

- ☐ **Pre-Evacuation or Implementation of Shelter-in-Place Measures**:
  - ☐ How serious and relevant the threat is to the safety of the building occupants,
  - ☐ The proximity of the hazard relevant to the emergency situation,
  - ☐ The risk to the occupants when evacuated from the building and the hazard present e.g. decision may be to shelter versus evacuate outside.
  - ☐ Input from external authorities e.g. Fire Department, Office of Emergency Management Ottawa, City of Brockville, Elizabethtown-Kitley, and MCSCS.
  - ☐ Assessment of the situation and the authority to declare the implementation of evacuation measures (or Shelter-in-Place).

- ☐ **During:** An orderly evacuation of the hospital facility involves special considerations and measures such as:
  - ☐ Emergency notifications and application of communications system,
  - ☐ The implementation of the Hospital Incident Management System,
  - ☐ The collaboration with external assisting agencies e.g. Fire Department,
  - ☐ Status and impact on Patients and Residents:
    - ☐ Some patients or residents may not be ambulatory,
    - ☐ Some may require personal care equipment with them at all times,
    - ☐ There may be some patients or residents that require medications that must be transported with them,
    - ☐ Some may need specialized equipment for movement,
    - ☐ Staff may need to use emergency drags, lifts and carries to move patients and residents,
    - ☐ Weather conditions and evacuation outside the facility,
    - ☐ There must be a means for personal identification and tracking of patients and residents. (Accountability system)

  Pre-emergency planning by staff will be important to an efficient and safe evacuation.

- ☐ **Post Evacuation or Shelter-in-Place:** The recovery, repatriation of occupants and restoration of services.
  - ☐ Assessments of the facility and infrastructure are conducted as required. Is it safe to reoccupy?

- ☐ Measures for proper environment (hygiene, air quality, infection control) have been considered.
- ☐ Health check of patients, residents and staff completed as required.
- ☐ Notification and communications conducted for internal and external stakeholders as needed.
- ☐ The all clear is provided by the ROHCG authorized position e.g. Emergency Command Manager or primary Emergency Code Coordinator.

All Departments

- ☐ Every department will be responsible for adherence to the Code Green Policy and Guidelines. Each department will ensure that guidelines for evacuation or shelter-in-place are developed and maintained in their respective work area.
- ☐ Each department will have an up to date emergency fan out list for staff.
- ☐ All departments will have a process for accountability of patients, residents and staff as required.

PURPOSE OF THE POLICY AND GUIDELINES

- ☐ To provide guidelines for staff to ensure the orderly and timely movement of patients, residents and staff that need to be evacuated from an area within a facility or from the facility to a safe location outside,
- ☐ To mobilize a response to protect residents, patients staff, visitors, volunteers, physicians, contractors and the property in the event of an emergency requiring evacuation or shelter-in-place,
- ☐ To provide guidelines for staff for emergency response, defining roles and responsibilities, activating communications processes and implementing evacuation, shelter and recovery measures.

AUTHORITY TO DECLARE A CODE GREEN

ROMHC, ROP, BMHC-FTU, STU and CARLINGWOOD CAMPUS

The following positions are authorized to declare a Code Green respective to the campus location:

1. The **ROHCG President and CEO (Crisis Leader)** is authorized to declare a Code Green emergency at **any** Campus Location.
2. The **Emergency Command Manager or Designate** (e.g. After Hours Manager Patient Care Services) is authorized to declare a Code Green emergency at **any** campus location.

ROMHC, ROP

3. The **Emergency Code Coordinator** is authorized to declare a Code Green when there is an **immediate/emergent** life threatening situation in an area within the building or the total building is impacted and must be evacuated. The Emergency Code Coordinator may apply the same decision making principles to declare and implement shelter-in-place measures.

   In situations other than an immediate/emergency life threatening case, the **Emergency Code Coordinator** will consult with the **Emergency Command Manager or Designate** and make the decision to implement evacuation or shelter-in-place measures.

Example of an Immediate/Emergent Evacuation Scenario:
An explosion occurs and fire breaks out exposing all building occupants to an immediate threat to life. The Emergency Code Coordinator contacts Switchboard and orders an announcement of a Code Green evacuation of the ROP building immediately and to proceed to emergency assembly areas. The Senior Administrator on Call is notified.

BMHC: FTU and FITT HOME

The **Emergency Code Coordinator, After Hours Manager Patient Care Services (when filling the ECC position) or the Emergency Manager for the Campus** are authorized to declare a Code Green emergency when there is an **immediate/emergent** life threatening situation in an area within the building or the total building is impacted and must be evacuated.
Or, in the event of a sudden impact caused by an emergency situation, a Code Green shelter-in-place declaration may be made by the previously noted positions.
In all other situations the **Emergency Code Coordinator** or **Emergency Manager at BMHC** will consult with the **Emergency Command Manager or Designate** to make the decision to implement evacuation or shelter-in-place measures.

BMHC – STU

The MCSCS Crisis Manager or Designate is authorized to declare a Code Green at the STU. When a Code Green is declared the **Director of the STU or Designate** will assume the position of **Emergency Manager** within the ROHCG emergency management organizational structure. The Designate during the off hours will be the **After Hours Manager Patient Care Services.**

CARLINGWOOD CAMPUS

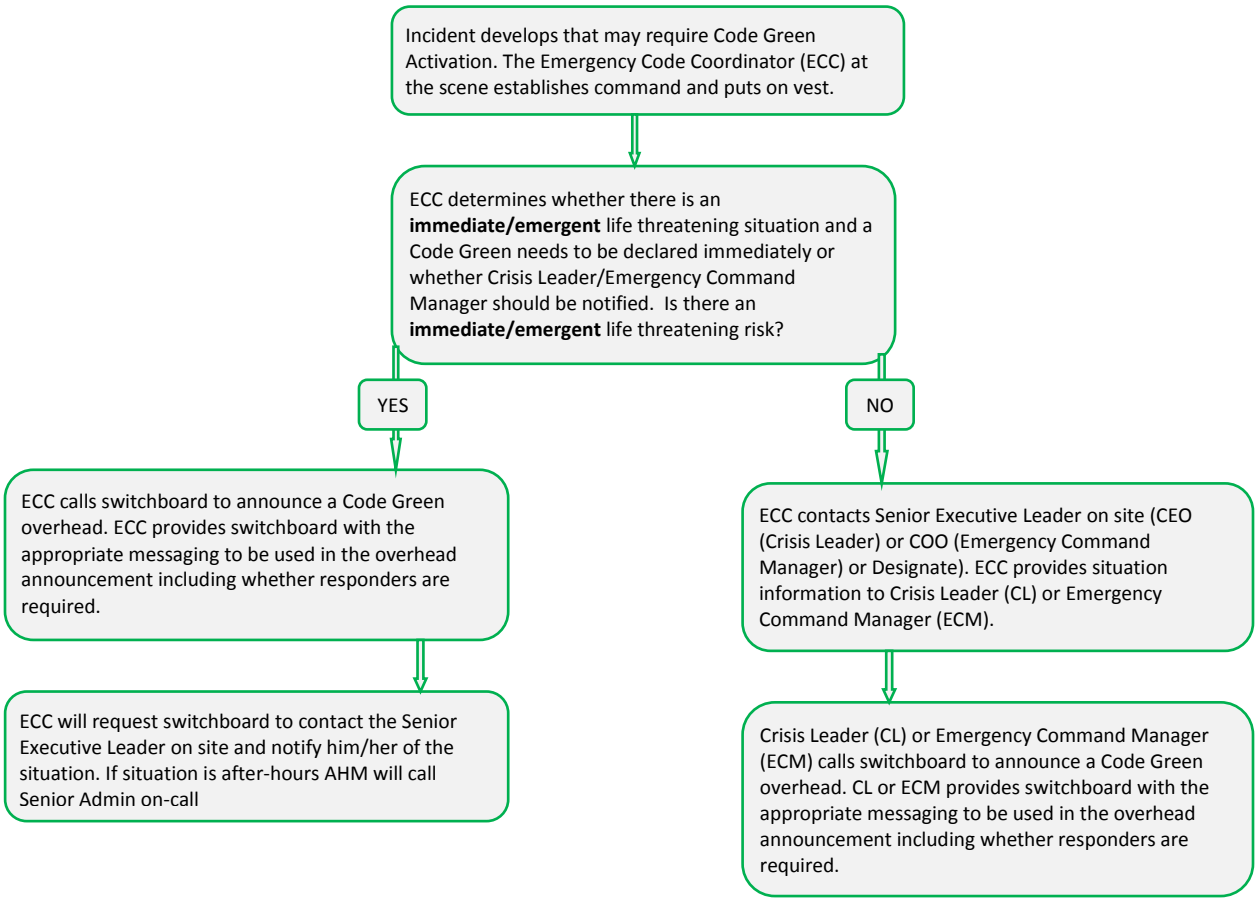
The Chief Fire Warden is authorized to declare a Code Green for the Carlingwood Campus when there is an **immediate/emergent** life threatening situation or when the Mall emergency management staff declares an emergency and directs the evacuation of the campus.

In situations other than an immediate/emergency life threatening case, the **Chief Fire Warden** will consult with the **Emergency Command Manager or Designate** and make the decision to implement evacuation or shelter-in-place measures.

LOCAL AUTHORITY HAVING JURISDICTION

4. The **local authority having jurisdiction** e.g. City of Ottawa Office of Emergency Management or Fire Department, Brockville Emergency Services (e.g. Fire Department) or Elizabethtown Kitley may declare a **mandatory evacuation** of a ROHCG facility.
   Or the authority may issue a notice to the ROHCG to implement shelter-in-place emergency measures. In this case the **ROHCG President and CEO (Crisis Leader)** or **Emergency Command Manager** (senior executive leader on site or after-hours senior admin on call) will be consulted and will determine the declaration of a Code Green. During the off hours the AHMPCS can declare a Code Green when there is an **immediate/emergent** life threatening situation.

CODE GREEN ACTIVATION FLOW CHART



AUTHORITY TO DEACTIVTE, DECLARE AN "ALL CLEAR" AND REPATRIATE PATIENTS, RESIDENTS AND STAFF

The following positions are authorized to provide the "all clear" for a Code Green emergency and authorize the repatriation of the patients, residents and staff:

Ottawa Campus Locations

- ☐ The ROHCG President and CEO (Crisis Leader),
- ☐ The Emergency Command Manager or Designate,
- ☐ The Emergency Code Coordinator when advised by the Emergency Command Manager,
- ☐ The Chief Fire Warden for Carlingwood Campus when advised by the Emergency Command Manager.

BMHC Campus

- ☐ The ROHCG President and CEO (Crisis Leader),
- ☐ The Emergency Command Manager or Designate,
- ☐ The Emergency Manager for the BMHC campus when advised by the Emergency Command Manager.
- ☐ The Crisis Leader from MCSCS for the STU.

Note: In instances where the Code Green has summoned the assistance of the Fire Department or other Emergency Services declaring an "All Clear" requires permission from the Incident Commander of the responding agency.

INITIAL NOTIFICATIONS AND RESPONSE TO A CODE GREEN DECLARATION

ROMHC, ROP NOTIFICATIONS

The ROHCG position authorized to declare a Code Green shall contact Switchboard and:

1. Provide Switchboard with the name, organizational position and location of the caller.
2. Declare the Code Green emergency and actions specific to the emergency measure:
    a. Evacuation or
    b. Shelter-in-place.
3. Provide Switchboard with the area (Wing, Unit, Floor(s) Total) of the facility that is impacted by the emergency situation and the need for Code Green and implementation of emergency measures.
4. Provide Switchboard with direction (wording) for public announcement regarding:
    a. The facility and the area(s) that will be evacuated (e.g. North and South Wings, 3rd Floor, Complete)
    b. Or, total building evacuation.
5. Provide Switchboard with the direction for an announcement for additional staff to respond to the area/facility to provide assistance as needed.
6. As determined provide Switchboard with the direction to notify the Senior Administrator on Call if not previously notified.
7. Provide Switchboard with the direction to notify 911 for emergency services response.
8. Provide Switchboard with a contact number (e.g. return telephone number) or other means of establishing a line of communications.
9. As required, direct Switchboard to notify the members of the Hospital Command Centre (individual positions or Tier of response team) and advise of the Code Green and that the HCC has been activated and a response is requested.

BMHC – FTU and FITT HOME

The ROHCG position authorized to declare a Code Green shall contact Switchboard and:

- ☐ Apply the same actions as in Steps 1-9 listed above and add:
- ☐ Provide Switchboard with the direction to notify the Director of the FTU or Designate.
- ☐ The Director or Designate will direct Switchboard to contact the Emergency Operations Centre Team positions as determined and as required.

BMHC – STU

- ☐ The Director of the STU or Designate will notify Switchboard and advise that a Code Green (partial or total) has been declared by MCSCS at the STU.
- ☐ The Director or Designate will direct Switchboard to notify the Senior Administrator on Call.
- ☐ The Director or Designate will direct Switchboard to contact the Emergency Operations Centre Team positions as determined and as required.

CARLINGWOOD CAMPUS

- ☐ The Chief Fire Warden or Designate will contact Switchboard and advise that a Code Green (evacuation or shelter-in-place) has been declared for the Campus and request that the Senior Executive Leader on Call be notified.
- ☐ Unless requested by the Chief Fire Warden an announcement in the ROMHC by Switchboard will not be delivered.
- ☐ The Senior Executive Leader will determine the need for announcements and activation of the Hospital Command Centre.

INITIAL RESPONSE AND READINESS - <u>DURING NORMAL WORK HOURS</u>

CLINICAL STAFF IN PATIENT/RESIDENT CARE AREAS

- ☐ The designated position in each Unit or Department will assume the position of **Emergency Code Coordinator** (ECC) when an emergency is declared that impacts the respective Unit or Department.
- ☐ When a Code Green is announced all staff return to their work area providing it is safe to do so and standby at the Care Station or at their work station for direction from the Emergency Code Coordinator for the Unit/Area.
- ☐ **Staff in the area**(s) impacted by the Code Green emergency implement, evacuation or shelter-in-place measures as directed by the Emergency Code Coordinator for the Unit or Department.
- ☐ **Note 1:** A Code Green declared for Forensic Assessment Level 1 at ROMHC and the need to move specific patients outside the building and beyond a courtyard area will require the immediate assistance of police services. Switchboard must be advised by the Forensics ECC to notify the police services for a response.

Elevators
Elevators are not to be used for evacuation unless approved by the Emergency Code Coordinator. Elevators may be exposed to impacts from the cause of the emergency that could lead to failure and exposing occupants to life safety risks.
If the Fire Department is on scene the Emergency Code Coordinator will request the Incident Commander for approval to use the elevators.

- ☐ **Note 2:** A Code Green declared for the FTU and the need to move some patients outside the building and beyond a courtyard area will require the immediate assistance of police and/ or corrections services. Switchboard must be advised by the Emergency Code Coordinator to notify the police services for a response.

Staff in areas not impacted by the Code Green emergency:

- ☐ Standby for announcements through Switchboard requesting assistance for the areas impacted by the Code Green emergency and
- ☐ Take action on measures as directed by the Unit or Department Emergency Code Coordinator such as:
  - ☐ Conduct census of the Unit and verify accountability of patients, residents and staff,
  - ☐ Conduct bed census,
  - ☐ Determine patients or residents that may be discharged in the event that space is needed by evacuees from other areas,
  - ☐ Clear corridors of carts and other equipment in the event that evacuation must take place,
  - ☐ Ready the medical charts of the patients or residents in the event of the implementation of evacuation measures,
  - ☐ Determine the staff that will respond from the Unit to assist the area with evacuation requirements if requested,
  - ☐ In non-clinical areas remind staff of the Emergency Assembly Area(s) where staff will evacuate to and be accounted for.
  - ☐ Patient care areas determine evacuation routes, areas of refuge and Emergency Assembly Areas (EAA),
  - ☐ Establish a line of communications with the Hospital Command Centre if activated.
- ☐ All staff stay alert to further announcements delivered by Switchboard.
- ☐ When requested to provide assistance, respond to the area and check in with the Emergency Code Coordinator or Designate and receive assigned task.

NON-CLINICAL STAFF IN NON PATIENT CARE AREAS

- ☐ If the Code Green emergency impacts your workspace, stop work and proceed to follow evacuation measures or shelter-in-place measures as directed by the area Emergency Code Coordinator.
- ☐ Staff are to take evacuation measures when a Code Green is declared at the STU. Staff will relocate to the first floor level providing it is safe to do so. Staff will wait in the area of safety for further direction from the MCSCS Crisis Leader.
- ☐ When a Code Green announcement is heard and your workspace is not immediately impacted, stop work and the temporarily halt the provision of services.

Note: If a service/treatment is being performed on a patient and an immediate stop of the treatment will harm the patient the lead physician will be informed of the Code Green and requested to terminate the treatment in a rapid and safe manner,

- ☐ As required secure your workspace if evacuation measures are implemented or you are assigned to assist with evacuation of patients or residents e.g. secure the Pharmacy space.
- ☐ If evacuation of your workspace is required, ensure that you report to the designated area of refuge or emergency assembly area and be accounted for by the designated staff member or the Emergency Code Coordinator,
- ☐ If not required to evacuate, standby for potential re-assignment by your Supervisor or through the Emergency Code Coordinator,
- ☐ Review evacuation needs and readiness measures in the event that your area will be evacuated,
- ☐ If re-assigned to assist with the evacuation of the area impacted by the Code Green emergency. report to the area Emergency Code Coordinator or designated Evacuation Coordinator,
- ☐ If re-assigned to the Staff Redeployment Centre (Amphitheatre at ROMHC; B2-236 at the BMHC-FTU) report to the Coordinator of the Centre and await assignment,
- ☐ Stay alert for further announcements from Switchboard. Do not make unnecessary telephone calls.
- ☐ Do not re-enter your work space until the all clear is provided.

PHYSICIANS

- ☐ The Physician(s) working in a Unit or Clinic at the time of the Code Green declaration will stop work (unless immediate harm to a patient/resident will occur, see note below) and report to the Unit Emergency Code Coordinator. Physicians may be requested to:
  - Assist with preparation of patients/residents for possible or actual evacuation, relocation to an alternate care centre or shelter in place,
  - Assist with the movement of patients or residents to areas of refuge or emergency assembly areas,
  - Assist with determining patients/residents that can be safely discharged immediately or within 2-4 hours,
  - Be prepared to develop documentation and discharge prescriptions as applicable in the event of evacuation and potential for off-site relocation,

Patient and Resident Care and Services
A critical task for clinical staff is the continuity of care of patients and residents during times of evacuation or shelter-in-place.
Ancillary personnel such as: dietary, housekeeping, security, pharmacy and Facility Services support the continuity of care for patients and residents.

- If not immediately required to evacuate, Outpatient Clinics will temporarily suspend services and prepare to evacuate occupants in the space if directed,
- Other physicians will be provided direction and assignments through the Hospital Command Centre (ROMHC/ROP) or the Emergency Operations Centre (BMHC) when activated.
- Physicians should not attempt to arrange transfer destinations for inpatients or residents. This will be managed through the HCC or EOC.

☐ **Note:** If a service/treatment is being performed on a patient and an immediate stop of the treatment will harm the patient, the lead physician will be informed of the Code Green and requested to terminate the treatment in a rapid and safe manner,

SENIOR EXECUTIVE LEADER ON SITE (all Campus locations)

A. Consultation, Decision and Declaration for a Planned Evacuation or Shelter:

☐ Will make the decision and formal declaration when notified and consulted by an Emergency Code Coordinator or Designate regarding the potential to declare a Code Green emergency,
☐ As determined through an assessment will formally declare a Code Green:
  ☐ Evacuation or
  ☐ Shelter-in-place measures.
☐ Will assume the position as Emergency Command Manager when a Code Green is declared or immediately delegate the position to a competent staff member.
☐ Will notify Switchboard of the staff member filling the Emergency Command Manager position.
☐ The Emergency Command Manager position will be in overall command and control for the ROHCG.
☐ For BMHC: The Emergency Command Manager (ECM) may assign an Emergency Manager (EM) position to a Director or Designate at the Campus,
☐ The Emergency Command Manager will determine the activation of the Hospital Command Centre and HCC team positions in Ottawa,
☐ For BMHC: The Emergency Command Manager in consultation with the Emergency Manager at BMHC will determine the activation of the Emergency Operations Centre at BMHC and the EOC team positions.
☐ For the STU the Director of the STU or Designate may be required to respond to the MCSCS Command Centre and assist the Crisis Leader.

- ☐ Carlingwood Campus: Support for a Code Green at the Carlingwood Campus will be through the HCC in Ottawa.
- ☐ Will establish a line of communications with the impacted Emergency Code Coordinator or the Emergency Manager position if activated at BMHC Campus or the Chief Fire Warden at Carlingwood Campus.
- ☐ Will ensure the Crisis Leader is notified and updated.

Sample of Code Green announcement by Switchboard at ROMHC:
Activate attention tones –
"Your attention please, Code Green 3rd Floor Royal Ottawa Mental Health Centre.
All occupants immediately evacuate to the 1st Floor Atrium Cafe area. Staff on other floors and locations standby for further announcements"
Repeat twice in English and once in French.
Switchboard at the FTU perform an applicable announcement in English only.

B. Immediate Emergent Evacuation or Sheltering

When notified that a Code Green emergency has been declared:

- ☐ Will assume the position as Emergency Command Manager or immediately delegate the position to a staff member for the Ottawa Campus locations,
- ☐ Will notify Switchboard of the staff member filling the Emergency Command Manager position,
- ☐ For BMHC: The Emergency Command Manager (ECM) may assign an Emergency Manager (EM) position to a Director or Designate at the Campus and determine the activation of the Emergency Operations Centre and Team positions,
- ☐ Will contact the Emergency Code Coordinator for an update on the emergency situation and actions taken,
- ☐ Will establish a line of communications with the Emergency Code Coordinator or Emergency Manager if BMHC is activated,
- ☐ Will provide direction to the Emergency Code Coordinator as needed,
- ☐ Will determine the activation of the Hospital Command Centre and HCC team positions,
- ☐ Will develop the initial incident action plan for response and management of the emergency,
- ☐ Will coordinate all public announcement provided by Switchboard regarding the Code Green emergency.

Immediate Declaration of a Code Green
A situation that produces the need for an immediate/emergent evacuation does not permit time for consultation.
The Emergency Code Coordinator (ECC) shall notify Switchboard and direct an announcement for a Code Green.
If needed the ECC can activate the General Alarm (2nd Stage Fire Alarm) to emphasize the need for evacuation providing it is safe to do so.

SWITCHBOARD

When notified of a Code Green emergency:

- ☐ Will confirm the authority level of the caller's position to declare a Code Green,

- ☐ If immediate/emergent evacuation or sheltering situation exists, deliver the Code Green announcement within the respective facility with the details provided by the authorized position,
- ☐ If not an immediate/emergent evacuation or sheltering situation take direction from the Emergency Command Manager (Or Emergency Manager at BMHC when the position is activated) and deliver public address announcements,

Note: Confirm with the caller, Emergency Command Manager or Emergency Manager:

- ☐ The area(s) that are impacted by the emergency,
- ☐ What evacuation or sheltering measures that will be implemented,
- ☐ Evacuation routes that may be provided and required in the announcement,
- ☐ The area(s) of destination for the evacuees e.g. areas of refuge or emergency assembly areas.

- ☐ Deliver the public address announcement complete with the area impacted and the area of destination for the evacuees,
- ☐ If directed by the authorized position, provide an announcement requesting for assistance from other areas in the hospital. Announce the areas requested to assistance and where the staff are required to check in (report to the Emergency Code Coordinator or Designate).
- ☐ Notify 911 emergency services that a Code Green has been declared at the facility (ROMHC, ROP, Carlingwood, BMHC),
- ☐ If Forensics Level 1 at ROMHC or the FTU is impacted and patients must be evacuated beyond secured areas, notify the Police Services and request resources to assist with evacuation and security of the patients,
- ☐ Notify the Senior Administrator on Call of the declaration of a Code Green if not already completed,
- ☐ Notify the positions on the Hospital Command Centre team as advised by the Emergency Command Manager or for BMHC when advised by the Emergency Manager for the Emergency Operations Centre e.g.
  - ☐ Notify positions as declared by the ECM or EM
  - ☐ Notify the Tier 1 Hospital Command Centre Team positions or
  - ☐ Notify the Tier 2 Hospital Command Centre Team positions.
- ☐ Standby for additional announcements as directed by the Emergency Command Manager for Ottawa or the Emergency Manager when activated for BMHC Campus,
- ☐ No unnecessary local or outside calls shall be attended to by Switchboard during a Code Green emergency.
- ☐ Any announcements/broadcasts made on the HERO (Healthcare Emergency Radio of Ottawa) system will be directed by the Emergency Command Manager.
- ☐ If directed by the Emergency Command manager for the Ottawa campus provide an announcement on the HERO radio to other hospitals in the HEPCO network that a Code Green has been declared and to standby for further announcements.

- ☐ Switchboard staff will be expected to be knowledgeable in the application of the mass notification system (RapidNotify) for call out of HCC or EOC teams and additional staff fan out and recall.
- ☐ Initiate a log for the incident and record all messages and transactions in chronological order.
- ☐ In consultation with the Supervisor of the Switchboard staff, a recall of staff to assist Switchboard with the duties to support the response, management and recovery from the emergency may be implemented.

Recovery and Repatriation

Recovery and repatriation of an evacuated hospital structure may include the need for actions such as:

- Assessment of the structural integrity of the structure,
- Assessment of air quality,
- Assessment of hygiene matters and infection control requirements,
- Having inspections completed and receiving approvals from external agencies having authority over the status of the structure for re-occupancy.
- Repatriation of patients, residents, and staff,

The restocking of substantial amounts of perishable resources will not be conducted until approval is provided by the Emergency

FACILITY SERVICES

- ☐ Facility Services staff will respond to the impacted area and take direction from the Emergency Code Coordinator in the event of evacuation. Staff may be directed to:
  - ☐ Assist with the movement of patients and residents,
  - ☐ Ensure that hallways, corridors and traffic areas are clear of supplies and equipment,
  - ☐ Secure equipment needed to move the patients and residents e.g. wheelchairs,
  - ☐ Manage the use of elevators when approved by the Emergency Code Coordinator,
  - ☐ Manage the fire alarm system when directed by the Emergency Code Coordinator,
  - ☐ Maintain and control the functioning of HVAC system,
  - ☐ If assigned assist with the set up of patient and resident needs at areas of refuge, emergency assembly areas or discharge areas,
  - ☐ Try to extinguish a fire if required and if safe to do so.
- ☐ The Manager of Facility Services will respond to the Hospital Command Centre in Ottawa or the Emergency Operations Centre at the BMHC campus when notified,
- ☐ The Emergency Services Officer from Facility Services will respond and assist the Emergency Code Coordinator with the Code Green emergency measures and establish a line of communications with the Safety and Emergency Management Systems Officer (Liaison Officer when HCC or EOC is activated,
- ☐ Assume the position as the on scene liaison officer with the responding emergency services agencies,
- ☐ In the event of the declaration of shelter-in-place measures, Facility Services staff will be responsible for implementing actions as declared by the Emergency Command Manager and the HCC such as:

- ☐ The shut-down of HVAC equipment as determined.
- ☐ The securing of the facility.
- ☐ The implementation of contingency plans for the provision of services or critical infrastructure needs as required.
- ☐ A status report in the event of damage or potential damage to the building and systems.
- ☐ The implementation of recovery measures after a shelter-in-place action plan.

☐ If not assigned to an area needing assistance, report to the Staff Redeployment Centre in the Amphitheatre at ROMHC.

SUPPLY CHAIN MANAGEMENT STAFF

Unless required to evacuate, report to your supervisor in your work area,
Be prepared to:

☐ Receive, prepare and deliver orders from the Hospital Command Centre or the Emergency Operations Centre to support staff at areas of refuge or emergency assembly areas,
☐ Contact suppliers to secure additional supplies and equipment,
☐ Order supplies and equipment and procure services as directed through the Hospital Command Centre,
☐ Prepare to restock items that had been used during the evacuation of shelter.

If required to evacuate your normal work area:

☐ Determine an alternate location and means of continuing supply chain management services.
☐ Notify the HCC or EOC when alternate location and communications are established.

ENVIRONMENTAL (HOUSEKEEPING) STAFF

☐ In impacted area stop work, secure supplies and equipment and report to the Emergency Code Coordinator for assignment of tasks such as:
- ☐ Assisting with the movement of patients and residents,
- ☐ Holding doors open for staff evacuating patients and residents,
- ☐ Providing porter services,
- ☐ Securing additional blankets and patients, resident care needs,
- ☐ Assisting with transporting supplies and equipment to areas of refuge or emergency assembly area.

☐ If not in impacted area report to your supervisor or normal work station and await instructions,
☐ If assigned by your supervisor report to the Staff Redeployment Centre,
☐ If in a situation of immediate danger to life evacuate the space to a safe area and if required evacuate to an emergency assembly area,

- ☐ If evacuation measures are required ensure that you report your status to your supervisor (head count and accountability for safety).

NUTRITIONAL SERVICES - DIETARY STAFF

- ☐ If the Code Green emergency impacts your work area stop work and evacuate as directed by the Emergency Code Coordinator or as announced through Switchboard,
- ☐ Be prepared to shut down operating kitchen equipment and sources of fuel,
- ☐ If not impacted by the Code Green report to your supervisor for direction,
- ☐ Be prepared to provide food and bevrages for patients, residents and staff if directed through the Hospital Command Centre or EOC,
- ☐ If assigned by your supervisor report to the Staff Redeployment Centre,
- ☐ If evacuation measures are required ensure that you report your status to your supervisor (head count and accountability for safety).

SECURITY SERVICES

ROMHC: Security Services staff will conduct tasks such as:

- ☐ Proceed to the area declaring the Code Green emergency if safe to do so,
- ☐ Establish a line of communications with the Security Supervisor,
- ☐ Report to the Emergency Code Coordinator,
- ☐ Meet the responding emergency services agencies and direct them to the area of the emergency,
- ☐ Establish security measures at the scene of the emergency:
  - ☐ Prevent unauthorized entry, (as directed by the Emergency Command Manager secure exterior perimeter doors to prevent unauthorized entry during the emergency situation,
  - ☐ Establish traffic and crowd controls as required,
  - ☐ Monitor for potential elopement of patients or residents,
- ☐ As directed by the Emergency Code Coordinator assist with the movement of patients and residents: hold doors open, move equipment impeding egress,
- ☐ If required conduct fire watch duties,
- ☐ Maintain continuity of operations in the Security Control Module unless required to evacuate.

Search, Marking, Head Count, Accountability

During evacuation of an area, particularly patient and resident spaces, it is important to ensure that the area is thoroughly searched to confirm that everyone is out. This confirms a complete evacuation. If there is an area that cannot be searched or if it is confirmed that someone is missing the Emergency Code Coordinator must report that information to the Incident Commander from the emergency services agency.

Care staff will mark or indicate that a room has been searched and is void of occupants.

It is critically important to have a means of accountability (head count) for all patients and residents that have been evacuated off a floor or outside a building.

The same principle applies to all staff.

Get accounted for and be safe!

- ☐ If evacuation measures are required ensure that you report your status to your supervisor (head count and accountability for safety).
- ☐ It may be necessary to call additional security staff from off site to respond and assist at the emergency. Receive approval from the Emergency Command Manager to call in additional security staff.

ROP: If requested by ROHCG Emergency Command Manager, Security Services will be provided in and around the ROP providing staff are available. Security may be required to conduct tasks such as those listed above.

BMHC:

- ☐ Report to the Emergency Code Coordinator,
- ☐ Meet the responding emergency services agencies and direct them to the area of the emergency,
- ☐ Establish security measures at the scene of the emergency staff numbers permitting,
- ☐ If required conduct fire watch duties,
- ☐ If evacuation measures are required ensure that you report your status to your supervisor (or Emergency Code Coordinator) (head count and accountability for safety).
- ☐ It may be necessary to call additional security staff from off site to respond and assist at the emergency. Receive approval from the BMHC campus Emergency Manager to call in additional security staff.

CONTRACTORS

- ☐ All contractors will stop work and evacuate the impacted area when a Code Green is declared.
- ☐ The ROHCG or Carillion supervisor responsible for the contractors being on the hospital site will check and confirm the evacuation and life safety status of the contractors.

EMERGENCY RESPONSE DURING THE OFF HOURS (1500-0700 HOURS) WEEKENDS AND STAT DAYS

CLINICAL STAFF IN PATIENT CARE AREAS

- ☐ The designated position in each Unit will assume the position of Emergency Code Coordinator when an emergency is declared that impacts the respective Unit.
- ☐ When a Code Green is announced all staff return to their work area impacted by the Code Green, providing it is safe to do so, and standby at the Care Station for direction from the Emergency Code Coordinator for the Unit.

- ☐ **Staff in the area**(s) impacted by the Code Green emergency, implement evacuation or shelter-in-place measures as directed by the Emergency Code Coordinator for the Unit.
- ☐ All designated emergency response staff from other areas in the hospital, not directly impacted, will respond and report to the Emergency Code Coordinator in the impacted Unit/Department/Facility to assist with evacuation measures.

NON CLINICAL STAFF IN NON PATIENT CARE AREAS

- ☐ If the Code Green emergency impacts your workspace, stop work and proceed to follow evacuation measures or shelter-in-place measures as directed by the Emergency Code Coordinator for your workspace.
- ☐ As required secure your workspace if evacuation measures are taken e.g. secure the Pharmacy space,
- ☐ If not required to immediately evacuate or shelter-in-place, standby for announcement by Switchboard in the event that additional assistance is needed at the Unit/Department/Facility being evacuated or sheltering.

SENIOR ADMINISTRATOR ON CALL (all Campus locations)

- ☐ Follow the guidelines as provided for normal workdays,
- ☐ Guidelines for - Consultation, Decision and Declaration for a Planned Evacuation or Shelter,
- ☐ Guidelines for - Immediate Emergent Evacuation or Sheltering,
- ☐ Ottawa Campus Sites and Recall of Staff
  - ☐ The Emergency Command Manager and Hospital Command Centre Team will determine the need to activate the emergency fan out process for staff (care staff, physicians, allied health and support staff) recall.
- ☐ BMHC Campus
  - ☐ The Emergency Command Manager in consultation with the Emergency Manager at BMHC may determine the need to activate the emergency fan out process for staff recall as noted above.

Senior Administrator On Call
The Senior Administrator on Call position is filled on a rotational schedule by designated staff from the Senior Management team. The Office of the Hospital Executives provides the schedule to Switchboard for use after hours. Therefore the Emergency Command Manager position will be filled by the on call administrator after hours until delegated to an alternate competent staff member.

SWITCHBOARD

- ☐ Follow the guidelines as provided for normal work days,
- ☐ In consultation with the Supervisor of the Switchboard staff, a recall of staff to assist Switchboard with the duties to support the response, management and recovery from the emergency may be implemented.

FACILITY SERVICES

- ☐ Any Facility Services staff on site when the Code Green is declared will respond to the impacted area and take direction from the Emergency Code Coordinator in the event of evacuation.
- ☐ The Hospital Command Centre or Emergency Operations Centre at BMHC may activate an emergency fan out process for a recall of Facility Services staff.

SECURITY SERVICES

- ☐ Proceed to the area declaring the Code Green emergency if safe to do so,
- ☐ Report to the Emergency Code Coordinator,
- ☐ Meet the responding emergency services agencies and direct them to the area of the emergency,
- ☐ Establish security measures at the scene of the emergency
- ☐ As directed by the Emergency Code Coordinator assist with the movement of patients and residents,
- ☐ If required conduct fire watch duties,
- ☐ Security services (Ottawa Campus) will ensure that the Manager of Security is notified. If required the Manager of Security will activate an emergency call back or procurement of additional qualified security guards,
- ☐ Security services BMHC campus will activate an emergency call back of qualified security guards when requested by the Emergency Code Coordinator or the Emergency Manager when the position is activated.

TIER 1 HOSPITAL COMMAND CENTRE (HCC) OR EMERGENCY OPERATIONS CENTRE (EOC) TEAM MEMBERS

- ☐ When notified during the off hours staff - will respond to the hospital and the HCC or EOC, filling positions in Hospital Command Centre at ROMHC or the Emergency Operations Centre at BMHC.

- ☐ HCC team or EOC team members will report to the Emergency Command Manager at the Ottawa Campus or the Emergency Manager at the BMHC campus.

COMMAND CENTRE TEAMS

ROMHC, ROP, CARLINGWOOD CAMPUS SITES: TIER 1 HOSPITAL COMMAND CENTRE (HCC) TEAM MEMBERSHIP

- ☐ When notified staff will respond to an emergency, filling positions in Hospital Command Centre at ROMHC or the Emergency Operations Centre at BMHC,
- ☐ HCC team or EOC team members will report to the Emergency Command Manager at the Ottawa Campus or the Emergency Manager at the BMHC campus.

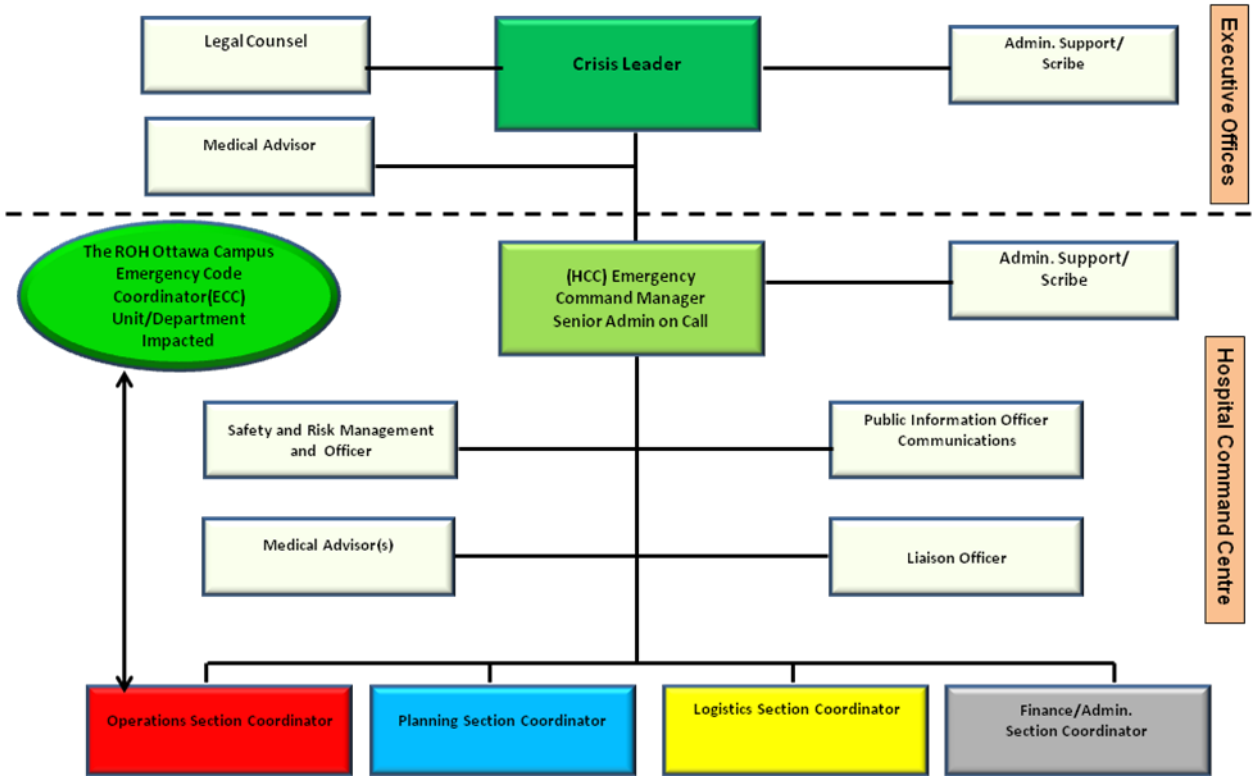
ROHCG Position	Position within HCC and the HIMS	ROHCG Position	Position within HCC and the HIMS
Executive VP and COO (or Senior Admin. On call)	Emergency Command Manager	VP Communications and Community Engagement	Public Information Officer (Communications)
Associate Chief Ottawa	Medical Advisor for ECM	Executive Assistant to the Executive VP	Liaison Officer
VP Patient Care Services	Operations Section Coordinator	VP Patient Care Services, Professional Practice and Chief Nursing Exec.	Planning Section Coordinator
Associate Chief ROHCG	Logistics Section Coordinator	Executive Assistant Patient Care Services	Scribe
Facility General Manager	Facility and Critical Infrastructure Branch Coordinator (Ops Section)		

EXECUTIVE CRISIS MANAGEMENT TEAM

ROHCG Position	Executive Crisis Management Team	ROHCG Position	Executive Crisis Management Team
President and CEO	Crisis Leader	Chief of Staff Psychiatrist-in-Chief	Medical Advisor for CL

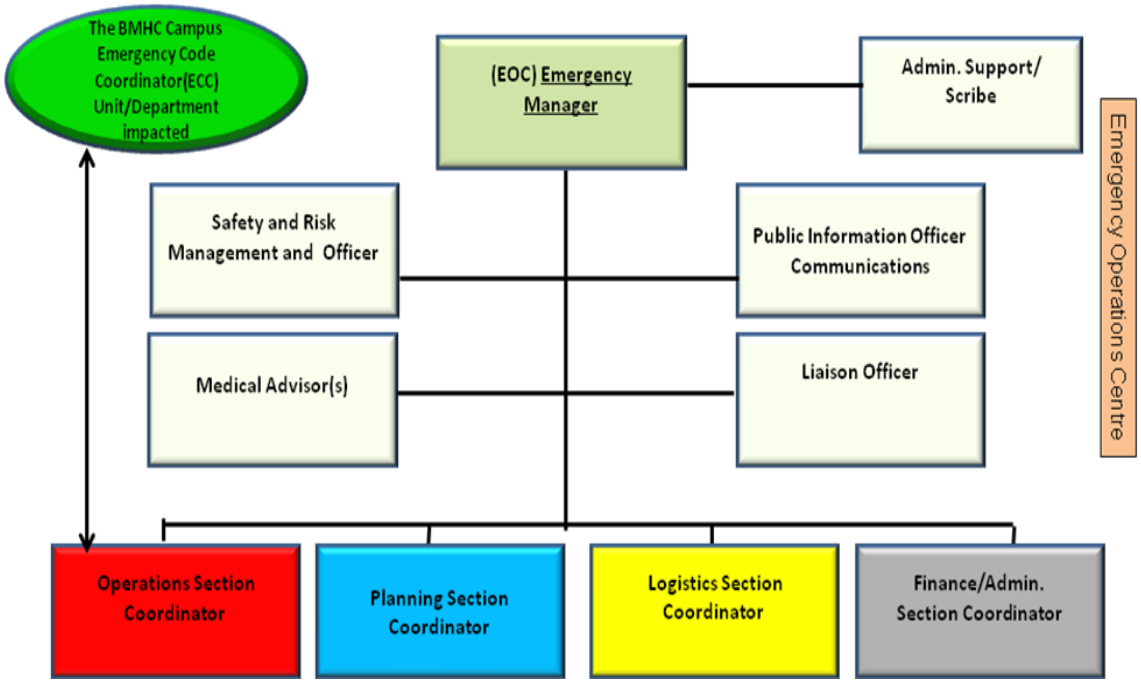
General Counsel	Command Staff (Legal Advisor)	Executive Assistant	Scribe

Tier 1 Organizational Chart ROHCG: ROH Campus



BMHC: TIER 1 EMERGENCY OPERATIONS CENTRE (EOC) TEAM MEMBERSHIP

ROHCG Position or Carillion or Contract	Position within EOC and the HIMS	ROHCG Position or Carillion or Contract	Position within EOC and the HIMS
Director FTU or Director STU	Emergency Manager	Manager Occ. Health Services	Safety and Risk Management
Director FTU or Director STU	Operations Section Coordinator	Associate Chief Forensics Forensic Physician	Medical Advisor for EM
Manager FTU	Liaison Officer	VP Communications and Community Engagement	Public Information Officer (Communications)
Manager Facility Services	Logistics Section Coordinator	Director Strategic Planning	Planning Section Coordinator
Secretary Assist. Admin Forensics	Scribe	Security Guard	Security Services in Operations Section



CARLINGWOOD CAMPUS

- ☐ Staff working at the campus during the off hours will evacuate the facility when there is an **immediate/emergent** life threatening situation or when the Mall emergency management staff declare an order to evacuate the space.
- ☐ Staff will notify Switchboard as soon as practical of the need for campus evacuation.
- ☐ Switchboard will notify the senior administrator on call of the evacuation.
- ☐ The senior administrator on call will assume the Emergency Command Manager position and determine the activation of the HCC and the HCC team positions.
- ☐ Staff will remain off the campus until an all clear is provided by the Emergency Command Manager, Chief Fire Warden if on campus or the authorized staff from the Mall.

SUMMARY: GENERAL GUIDELINES FOR STAFF – PATIENT, RESIDENT AREAS

	Remain calm.
	Each staff member will be familiar with the evacuation or shelter-in-place guidelines and be prepared to implement the guidelines as required.
	Staff will be familiar with evacuation routes from their work Unit or Department.
	Staff will take the necessary safety precautions when implementing evacuation or sheltering measures. Staff should recognize their physical limits and take rehabilitation breaks when needed.
	Staff will clear obstructions from corridors and means of egress e.g. cleaning carts, linen supply carts.
	Staff having to evacuate areas with sensitive materials or areas that must be secured must ensure that the space is secured before leaving or going to assist with evacuation measures.
	Staff will attempt to calm patients, residents and visitors during the evacuation process.
	Staff will remove patients, residents or visitors from the immediate danger area first.
	Staff will check exit routes for smoke and fire byproducts before leading occupants into a means of egress.
	As needed staff will be assigned to standby exists to help direct the flow of evacuees.
	Staff will escort occupants to an emergency assembly area (EAA) when the evacuation measures include leaving the building.
	Staff will follow proper hand-off procedures with evacuees at emergency assembly areas prior to retuning to continue evacuation. Staff will not leave ambulatory patients or residents without proper staff oversight and monitoring.
	Evacuation from the building - Staff from the evacuated area(s) will ensure that patients and residents: ☐ Have clear identification tags/bracelets on them, ☐ Have been recorded as evacuated by the Evacuation Monitor for the area impacted, ☐ Medical records have been secured and brought with staff during evacuation, ☐ Life sustaining medical equipment has been brought with the patient or resident, ☐ The patient or resident is provided with additional means of protection against inclement weather prior to being evacuation outside e.g. blankets, winter coats.
	Staff will perform a headcount of patients, residents and staff members and report the finding to the respective Emergency Code Coordinator.
	Staff will report any missing patient, resident staff member or person remaining in the

	building e.g. person with accessibility challenges to the respective Emergency Code Coordinator.
	Staff in areas not impacted by the Code Green emergency will stay on an alert level for an announcement requesting assistance at the scene of the Code Green Emergency.
	Staff responding to assist will check in with the Emergency Code Coordinator or Evacuation Coordinator (when activated) at the scene.
	In the event that the emergency assembly area is inappropriate the Emergency Command Manager will direct staff to relocate to an alternate emergency assembly area.
	The designated staff member in the Unit or Department will assume the position as Emergency Code Coordinator upon the declaration of a Code Green emergency.
	Staff assisting with evacuation may be required to return from the emergency assembly are with equipment such as wheelchairs in order to continue with the evacuation of patients and residents.
	Staff will not repatriate patients or residents until the “all clear” has been provided by the Emergency Code Coordinator.
	Staff will repatriate the patients and residents based on the directions provided by the Emergency Code Coordinator.
	Staff will conduct a health and wellness check of patients and residents when repatriated and provide a report to the Emergency Code Coordinator.
	The Emergency Code Coordinator will ensure that a health and wellness check of staff is conducted after repatriation of patients and residents and normal care services have resumed.

GENERAL GUIDELINES - EVACUATION OF NON PATIENT, RESIDENT AREAS

When the announcement of a Code Green and the evacuation or sheltering measures includes the workspace of staff in non patients, resident care areas staff will:	
	If danger is present in your immediate work space follow REACT,
	If you are in imminent danger and are unable to assist others, evacuate via the closet safe exit,
	If you see smoke and fire or other hazardous material initiate evacuation and if safe to do so activate the nearest fire alarm (wall) station,
	Prior to opening an interior door that may be impacted by an emergency condition such as a fire – check for heat by touching the door in the upper level with the back of your hand. Never open a door that is hot to touch. Find an alternate means of escape.
	Close all doors (and any windows that have been opened) as you evacuate and it is safe to do so.
	If there are visitors or contractor in your workspace guide them to the exit. Assign a staff member (or do so yourself) to lead then to the evacuation area e.g. emergency assembly area.
	Once at the emergency assembly area remain there for a head count of staff from your

	work unit or department.
	If possible contact the Emergency Code Coordinator and provide an update on the head count (accountability).

GUIDELINES FOR CODE RED TO CODE GREEN EMERGENCY AND SEQUENCE OF EVACUATION

The purpose of a sequence of evacuation is to remove endangered residents/patients and staff from the fire area and to implement measures to confine the fire to the place of origin as quickly as possible. Usually, this sequence is the order in which emergency response measures and rapid evacuation will take place.

	Remain calm
	Evacuate the room of origin, only if safe to do so and you are able. Make certain to close all doors to the area containing the fire.
	Evacuate the rooms beside and opposite the room of fire origin. These occupants are at greatest risk for smoke inhalation due to their proximity.
	Evacuate all ambulatory residents/ patients next. They should be moved in a group, whenever possible. Visitors may provide assistance to their loved ones.
	Residents/patients requiring the use of wheel chairs are to be moved next.
	Other non-ambulatory residents/patients should be moved next. These residents/patients are more difficult to move because they may require more than one staff member.
	If there are resistant residents/patients they should be removed last. If they are not in immediate danger, they should be left in the room with the door closed. Make certain the Fire Department Incident Commander and the Emergency Code Coordinator are informed of these residents/patients.
	If visitors are present they can be asked to assist their loved one with evacuating the room and area. They need to be provided with direction by the staff as to safe route and area of relocation.
	A key strategy in horizontal evacuation is to get people to safety as quickly as possible by moving to a safe zone of fire compartment. This typically involves relocating people beyond a set of rated fire (barrier) doors.
	After a room has been evacuated or searched to confirm it is void of people, set the Remar on the door, tape across the door and frame or place a pillow in front of the closed door to indicate the evacuation of the room.
	Staff will provide reports and updates when required to the Emergency Coordinator on evacuation measures and status.

TYPES AND DEFINITIONS OF EVACUATIONS THAT MAY BE DECLARED AND MEASURES IMPLEMENTED

Horizontal Evacuation: Horizontal evacuation requires movement of occupants away from a direct threat and to a safe area (**area of refuge**) preferably through two sets of fire compartment doors on the same floor within a hospital building.

All Staff - Stay Alert!
The implementation of horizontal evacuation could be just an initial step in a series of patient and resident movements to safe areas. Remain on alert to further instructions until the all clear is provided.

Vertical Evacuation: Vertical evacuation means an **evacuation of a floor level** of a building. Residents and patients are moved to areas of refuge on another floor, typically at least two floors beneath the floor experiencing the emergency incident. If further evacuation measures are required the occupants may be moved from floors inside the facility to emergency assembly areas (EAA) located outside the facility.

Partial Evacuation: Partial evacuation should be initiated when **only a fraction of the facility** is in direct threat and for safety the occupants need to be evacuated. Specific instructions will be given to each Floor, Unit and Wing. Instructions from the Emergency Code Coordinator or the Emergency Command Manager (or Emergency Manager) may include:

- ☐ Orders for a horizontal or vertical evacuation of residents, patients, visitors, and staff from a floor or wing,
- ☐ Preparation by the receiving floor and wing to take in more patients, residents and staff from another wing,
- ☐ The redeployment of staff to areas of the facility needing assistance with evacuation.

Total Evacuation: This entails orders for a **complete evacuation of the facility**. Residents, patients, visitors and staff should be transferred to designated emergency assembly areas outside the facility. Any contractors working in the facility need to evacuate to the emergency assembly area. Any non-clinical staff from the building and not assisting with the evacuation should report to the emergency assembly area and standby for redeployment.

A decision for **total evacuation** should be decided upon only **as a last resort**. If time permits consultation between the Emergency Code Coordinator and the Emergency Command Manager for the ROHCG will take place prior to implementing evacuation measures.

Immediate/Emergent Evacuation: In a **direct life-threatening situation** the incident area must be evacuated immediately. Staff in the vicinity of the incident should take immediate actions to evacuate the area.

Controlled Evacuation: A controlled evacuation is ordered when **the incident is not immediately life-threatening** to facility occupants. The Emergency Code Coordinator will be in consultation with the Emergency Command Manager (or EM for BMHC) and an incident action

plan (IAP) may be developed. If the Hospital Command Centre team has been activated by the Emergency Command Manager the positions will assist with the development of a written IAP. This process enables a more controlled manner and methodology for evacuating the facility.

GUIDING PRINCPLES FOR EVACUATION OR SHETER-IN-PLACE

The safety of residents, staff and other building occupants becomes the priority for the ROHCG when an emergency causes an imminent and dangerous situation or the building is damaged as a result of an incident, rendering it unsafe for occupants. Some principles associated with evacuation or sheltering measures will aid staff with making the best and most reasonable decisions during a time when the environment may be unstable and chaotic.

Optimal care for the patients and residents may not be feasible during evacuation measures or during extended periods of shelter in place.

Guiding principles such as listed below may be referenced:

- ☐ Safety is a primary concern when making decisions and taking action.
- ☐ When difficult choices must be made staff will reflect on strategies that provide the greatest good for the greatest number.
- ☐ Well trained staff at all levels will support the tough decisions when timely communications with leadership positions are difficult or interrupted because of the emergency.
- ☐ Total evacuation of the building should be considered as a last resort when immediate emergency measures or contingency plans do not provide for a safe environment.
- ☐ Staff must be able to adapt to changing, dynamic situations associated with an emergency. Therefore flexibility and creativity are important elements to adjusting procedures and following guidelines.
- ☐ Too much reliance on local emergency services agencies to be able to provide the resources such as transporting residents, patients and staff to and from an alternate care centre adds some risk to managing and recovering from the emergency. Pre-emergency plans such as a transportation plan and prior arrangements related to an alternate care centre will facilitate decision making.

The decision to ***Shelter-in-Place*** is a protective strategy including actions to maintain resident, patient and staff care within the facility and to limit the movement of building occupants protecting them from a hazard or hazardous environment.
In certain situations, such as an impending tornado strike, chemical incident creating a toxic cloud or atmosphere near the hospital or a security concern in proximity to the facility, the authorized positions may declare the implementation of sheltering measures. Or in some instances an external authority may order the facility to stay inside and shelter in place.

The facility needs to ensure the plan for sheltering-in-place is sustainable in nature. In some emergency situations the facility may be without telephone or other communications systems,

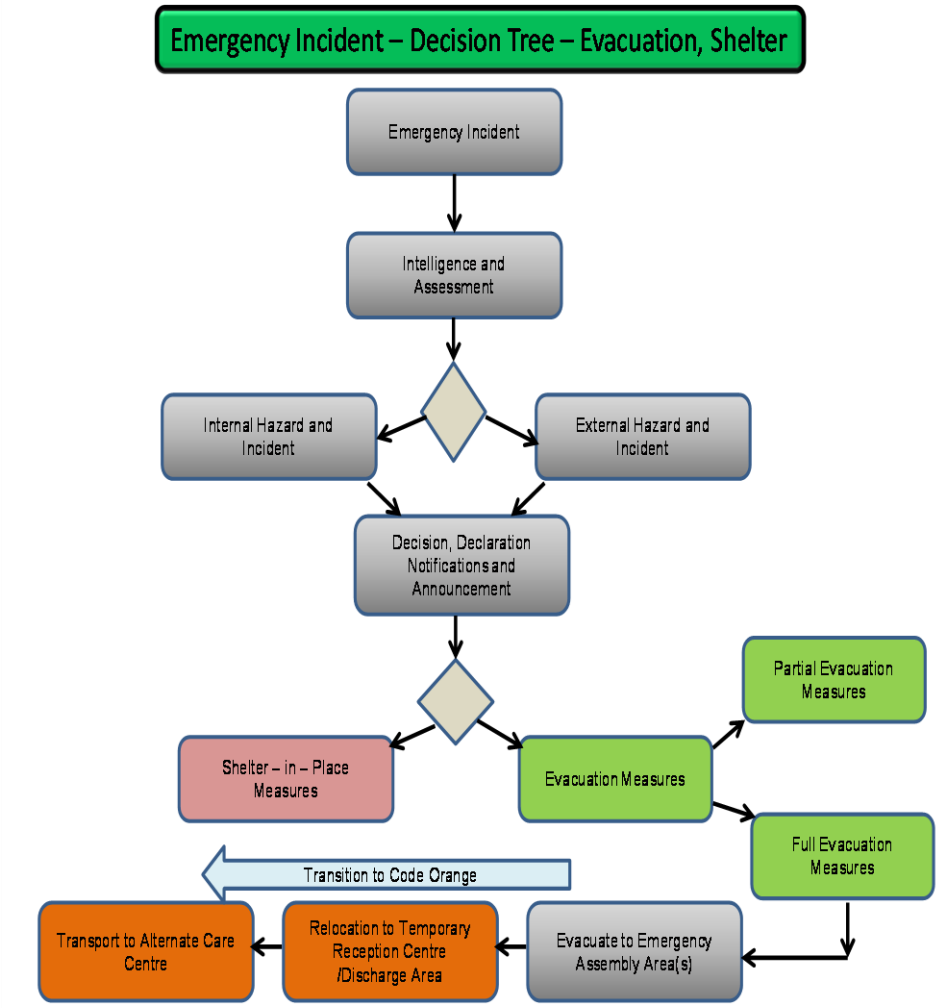
electric power, or water and sewer service for several days. The facility must plan to be able to exist (sustain) on its own for at least (96) hours without outside assistance. Planning needs to include provisions such as:

- Resident and patient care (personal care and monitoring of medical conditions),
- Adequate facility safety and security guards,
- Food and food services,
- Water or other refreshment,
- Medications,
  Communications
- Functional critical infrastructure and systems
- Ability to maintain contact with emergency services agencies (fire, police, EMS, etc.) and public health,
- Alignment within the ROHCG campus sites,
- Means of transportation if available and as needed,
- Adequate staff and work scheduling and,
- Waste management

Example of Controlled/Planned Evacuation Scenario
The natural gas feed to the facility has failed. It is estimated that restoration will take 72 hours. The winter conditions are -25°C and a wind chill factor making the outside temperature feel like -35°C. The forecast for the next three days are day temperatures in the -20°C range with night temperatures falling to the -35°C range. Some temporary heating can be supplied to 2 floors of the 3 floor building and it is estimated that the set a system up will take 12-16 hours. The building manager advises that within 60 minutes the temperature within the building will be below the industry standard.
The Emergency Code Coordinator and the Emergency Command Manager decide to implement a planned evacuation of the 3rd floor of the facility starting as soon as possible. A secondary evacuation plan for the first two floors will be developed as a contingency measure. An alternate care centre will be contacted and placed on standby. The Hospital Command Centre is activated and an incident action plan is developed and implemented. Patients and residents will be relocated to the 2 floors having temporary heating.

Shelter-in-Place Scenario:
A transport truck and trailer accident occurs on the 417 Highway in Ottawa east of the Merivale Road overpass. The trailer contains liquefied chlorine (toxic gas) and has ruptured dispersing a cloud of greenish yellow gas in the area. The on scene Fire Department Incident Commander estimates that the toxic gas cloud will travel to the ROP and ROMHC in approximately 5 minutes. The Incident Commander directs dispatch to contact the ROHCG and order the activation of a shelter-in-place plan until further notice.

DIAGRAM 1 EVACUATION OR SHELTER-IN-PLACE DECISION TREE



TRIAGE AND PRIORITIZATION OF PATIENTS AND RESIDENTS

Prioritizing patients and residents for movement during evacuation or shelter-in-place emergency measures is among the most logistically and ethically challenging tasks encountered during the response and management of a major emergency. The decisions increase in complexity when Coordinators are faced with limited resources for movement and transporting such as: insufficient personnel, off limit elevators, multiple flights of stairs, crowded stairwells and mechanical aids such as evacusleds etc. It cannot be reliably stated that there is a single priority model that will work equally well for all hospitals or long term care homes and in all circumstances. Considering the physical locations of different units within a given hospital, the elevator and stairwell locations, and other factors, hospitals should create a patient/resident movement and transport evacuation plan that supports an orderly, rapid process where entire patient/resident care units are moved one after the other.

If time is critical, evacuation of care units should be coordinated based on a model to maximize efficiency of resources. Patients/Residents/Visitors/Contractors that are able to walk and travel down stairs if needed should proceed under guidance of staff. Elevators can be used when approval has been provided through the Emergency Code Coordinator or the HCC. Non-ambulatory patients/residents should be prioritized by staff for evacuation using the elevators when approved.

When an Emergency Assembly Area(s) (EAA) or a Staging/Discharge Area has been activated and staff assigned, patients/residents should be escorted by staff through a determined safe evacuation route to the temporary facility e.g. EAA. This may be accomplished by having pre-planned checkpoints manned with staff to guide and move the patients through the hospital.

In general patient care units need to pre-plan for the movement of patients or residents in the event of the implementation of evacuation or shelter measures. Patients or residents may require internal (within the building) and external transportation assistance in several stages:

- ☐ From a room or space to an area of safety when in immediate danger,
- ☐ From the care unit to an area of refuge on the same floor level and fire zone,
- ☐ From an area of refuge to a horizontal evacuation location on the same level and potential two fire zones away.
- ☐ From horizontal to vertical evacuation locations. Partial building evacuation from a floor level to two floors levels below,

- ☐ To an Emergency Assembly Area outside the facility. Partial or total building evacuation to a safe area outside the building.
- ☐ To a Staging/Discharge Area for readiness for transport. An identified area for providing temporary care for patients/residents, recording patients/residents and getting them ready for transportation off campus.
- ☐ To a Patient Transport Area for loading on vehicles for transportation off campus.

Diagram 2 provides a systematic way of prioritizing patients and residents for evacuation movements on Campus or for measures for evacuating off site.

DIAGRAM 2 PATIENT/RESIDENT PRIORITIZATION FOR MOVEMENT

Patient, Resident Priority	Evacuation Movement	Transporting off Campus
Triage Level and Tag Colour	**Priority for Movement/Evacuation off Unit or Out of Building when Required**	**Priority for Transport from ROHCG to Alternate Care Centre, Hospital or Long Term Care Home**
Red	Those Bed Bound Patients or residents that require maximum assistance to move. In an evacuation these patients are moved last from an inpatient unit. These patients may require more than one staff member to move.	These patients or residents require maximum support to sustain life in an evacuation. These patients move first for transportation from ROHCG to an Alternate Site Care Centre or another Hospital. When feasible patients and residents will be temporarily discharged to family members.
Yellow	Those that are Wheelchair or Walker aid dependant These patients require some assistance and should be moved second in priority from the inpatient unit. Patients may require wheelchairs, evacusleds or other aids to move. 1 or more staff may be required to transport.	These patients will be moved second in priority. They will be transported to an alternate care centre, another hospital or long term care home. Transported after the patients with the Red tags. When feasible patients and residents will be temporarily discharged to family members.
	Those able to walk. These patients require minimal assistance	These patients and residents will be moved last and transferred from ROHCG

Green	and can be moved first from the unit. The patients are ambulatory and one staff member can safely lead several patients at a time to the emergency assemble area, area of refuge, staging or to the transport area.	to an alternate site care centre, hospital or long term care home. When feasible patients and residents will be temporarily discharged to family members.

CONTROL MEASURES TO SUPPORT EVACUATION AND MOVEMENT OF OCCUPANTS

Corridor Barrier Doors

In order to ensure that smoke spillage from the fire zone into the reception zone is kept to a minimum and to reduce the chance of injury from the door hitting patients or staff, a control person should be assigned to open and close the barrier door through which evacuation is taking place. This person opens the door for rescuers and patients as they approach and immediately closes it once the threshold has been cleared.

Stairwell Doors

For the same reasons that corridor barrier doors must have a control person, so should stairwell doors during a vertical evacuation. The control person not only controls the door for the floor which is being evacuated, but must also control the traffic flow on the landing in the event that more than one level is being moved downwards at the same time in the same stairwell.

Ambulatory Patients

Once ambulatory patients are in a reception area, they must be prevented from wandering off or from trying to return to the fire zone. Where possible, it is desirable that they be placed in a room such as a lounge area, sunroom, etc., with the door closed. A member of the staff must be left with these patients for control and possible medical emergency.

Accounting for All Patients and Staff

All patients and staff must be accounted for during any emergency evacuation. To help facilitate the accounting, patients from a unit should be kept segregated from patients of other units in the reception area. A staff member of the evacuated unit should be assigned to account, using unit records, for each and every patient from that unit. Should a patient be missing, the Command Centre must be informed immediately. Do not attempt to return and search the unit for a missing patient once evacuation has been completed, leave this for the fire department that are properly equipped and trained for the task.

Search

As a unit is evacuated, each room must be searched systematically. The Charge Person must assign teams consisting of two persons to search each and every room, closet, shower, etc. The search teams start at one end of the unit and work their way to the other end room by room. It is not only children who hide during a fire emergency, adults do as well. Therefore, check under beds, in closets, lockers, washrooms, showers, etc. Once a room has been searched, close the door and proceed to the next room. Once a team has finished their assigned area, they are to report back to the Charge Person. Work as a team of two persons, do not separate, and stay together for your safety.

Search, Marking, Head Count, Accountability

During evacuation of an area, particularly patient and resident spaces, it is important to ensure that the area is thoroughly searched to confirm that everyone is out. This confirms a complete evacuation. If there is an area that cannot be searched or if it is confirmed that someone is missing the Emergency Code Coordinator must report that information to the Incident Commander from the emergency services agency.
Care staff will mark or indicate that a room has been searched and is void of occupants.

It is critically important to have a means of accountability (head count) for all patients and residents that have been evacuated off a floor or outside a building. The same principle applies to all staff.
Get accounted for and be safe!

Marking Rooms

The Remar method of ensuring that rooms that have been searched are appropriately marked to show they are empty. All staff on this unit has been trained in the use of these markers.

Where Remar markers are not used, staff are to follow the direction outlined in the manual for their work areas, i.e. closing doors, search patterns etc.

Record

The Charge Person will ensure that the patient charts/kardex and medication books are taken from their unit to the reception area. These records are to be used to account for the patients of the evacuated unit.

STAIRWELL MOVEMENT

Line of March

When evacuating downwards in a stairwell, keep to the right. This allows a clear passage for fire fighters and rescuers responding upwards in the stairwell.

Cardiac Arrest

Should an arrest take place in the stairwell, do not stop to perform C.P.R. The rescuer and the patient would be subject to being stepped on, bumped and/or injured. Continue downwards to the next safe level and enter that unit where C.P.R. can be safely and properly administered.

Stacking

Should you, while evacuating downwards in a stairwell, come upon a solid layer of smoke, do not attempt to penetrate it. This layer of smoke could range from only several inches to multilevel in thickness. Return to the last level above the smoke; enter that unit and crossover to use another stairwell to continue the evacuation downwards.

Cadence

When working in the stairwell, the rescuer should work at the same speed as the rescuers ahead of them. Before stepping off the landing onto the stairs allow three clear steps between you and the next rescuer, this will prevent bumping and causing loss of balance and falling.

Evacuation with Elevators

Elevators are only to be used when authorized by the Emergency Code Coordinator or the Emergency Command Manager.
The elevators should be placed on "service" by using the elevator key kept with the area's fire keys. This dedicates the use of the elevator and saves unnecessary stopping and time.
As many patients as possible will be loaded each time (see elevator capacity signage).
The Emergency Code Coordinator assigns a responding staff to coordinate the loading of elevators and assigns staff to go with groups of patients.

Evacuation without Elevators

Employees prepare patients or residents for vertical evacuation by transferring them out of chairs onto bedspreads (except for patients who are able to walk down).
Mechanical lifts are not to be used in an emergency situation.
No equipment (wheelchairs, walkers, etc.) is to be taken into stairwells. Hallways should be cleared of all equipment.
Vertical evacuation should proceed only on the direction of the Emergency Code Coordinator or senior manager on site.

EMERGENCY LIFTS, DRAGS AND CARRIES

The use of stretchers, beds and wheelchairs in evacuation is permitted as directed by the Emergency Code Coordinator, the Emergency Services officer or the Fire Department. Although the use of these items may at first appear the easiest way to transport a patient, in the end they can cause blockage and obstruction of evacuation routes. The patient/resident can be carried physically by a rescuer or more than one rescuer, dragged on a blanket or moved through the use of an evacusled to transport them.

CODE GREEN AND TRANSITION TO CODE ORANGE

In the event that residents, patients and staff need to be **evacuated and relocated off site** to an alternate care centre, hospital, long term care home or discharged to family members a **Code Orange** disaster emergency would be declared.

The declaration of a Code Orange is made by the Emergency Command Manager. The Emergency Command Manager will activate the Hospital Command Centre and the Command Centre positions as deemed required.