

CODE GREEN – EVACUATION
DEPARTMENTAL TOOLKIT

TOOLKIT AUTHORS

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01 OVERVIEW

01.1 SCOPE

This toolkit is designed to assist clinical facilities in preparing and planning for Code Green emergencies (evacuation). As a full-building evacuation of a clinical or hospital facility can be extremely disruptive, various alternatives are typically attempted before declaring a full-building evacuation. These alternatives may be sheltering-in-place, or simply a different type of evacuation.

It is therefore important to consider that not all full-scale evacuations will be declared from a state of normal operation. The appropriate response to an emergency is dictated by the nature of the emergency situation and its expected impact on the facilities and staff within [hospital].

01.2 PURPOSE

There are various situations that may require the activation of a Code Green to ensure the safety of those in a dangerous location. These can include fires, bomb threats, hazardous material spills, critical infrastructure losses or serious building damage.

Evacuations can vary in type depending on the scope of the emergency, from least to most disruptive the different types are:

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

The methods used to evacuate patients should vary based on their physical condition.

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

01.3 ACTIVATION PROCESS

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

Large-scale emergencies may require evacuation for other units, even if the threat is not imminent. This decision would come from the Administrator on Call, or their delegate, and/or emergency response officials.

01.4 TOOLKIT OVERVIEW

This toolkit is meant to assist leaders and staff with planning and preparing for an evacuation best suited for their department. It aims to prioritize safety for all individuals. It is designed to allow leaders to make plans at their discretion and allow flexibility in line with the specific needs of their department.

It will also provide resources to inform staff on the various policies already in place to assist in the event an evacuation is required.

01.5 TOOLKIT INSTRUCTIONS

Unit leaders should work through this toolkit to further assess their resource needs to safely evacuate patients in their care. The toolkit will help identify staffing and equipment requirements.

PRE-FILL SECTIONS

As the leader works through the toolkit, some sections will have a darker background, this is to signal that it should be completed in preparation for a Code Green emergency while all other sections should be left blank and only filled out upon a Code Green activation.

Once the toolkit is completed, it should be submitted to the [hospital] Emergency Management office for review and to finalize the department's plans. After this has been done, the leader should discuss the plan with their team, with a focus on the roles and responsibilities they may be asked to handle in the event of a Code Green emergency.

02 COMMUNICATIONS

02.1 NOTIFICATION SYSTEM

A Code Green will be authorized requiring the safe evacuation of all individuals.

Switchboard will activate the evacuation bell/chime overhead and you will be notified of an emergency through the Emergency Notification System. Other forms of communication such as emails, pagers and text messages will be utilized if necessary.

Listen to the overhead system for further information and expect a briefing on the current incident from your leaders.

02.2 TEAM COMMUNICATION

02.2.1 FAN OUT PROCEDURE

After receiving a notification to evacuate:

1. **DECIDE** if you need to notify your entire team, including those not currently working, or if the current staff is sufficient for the required response.
 - a. If **YES**, activate the **FAN OUT PROCEDURE** indicating an emergency and begin calling staff into work.
 - b. If **NO**, proceed to **BRIEFING**

02.2.2 BRIEFING

Brief your team on the current situation and, at a minimum, provide them with the following information:

1. Summary and pertinent details of the **CODE GREEN** emergency
2. Where to evacuate patients
3. Assign staff with roles and responsibilities (detailed in [SECTION 04: STAFFING REQUIREMENTS](#))
4. Identify the Team Communicator and their responsibilities
 - Provide the team with contact details
 - Name: _____
 - Phone Number: _____

Keep a headcount of all staff, patients, and visitors in your unit.

Be prepared to record information and include any pertinent details.

02.2.3 ONGOING COMMUNICATION

Use a White Board to track all staff and patients.

See [SUBSECTION 03.3](#) for an example.

Determine how you will stay in contact with your staff members.

Establish a method of communication: _____

Provide your contact information: _____

02.3 CHAIN OF COMMAND

The Director and/or Incident Command will provide you with updates.

Identify how you will communicate your unit's updates/concerns to them. Be clear and be aware of how much time has passed.

Name of your contact: _____

Method of communication: _____

Contact information: _____

How frequently you will provide updates: _____

03 PATIENT REQUIREMENTS

Having a functional patient tracking system will help provide staff and families with situational awareness. It will help to track the process of where patients have been and where they will be at different staging areas and relocations. It is beneficial to notify family members if the patients are discharged, on-route, at an assembly area, or have reached their destination.

03.1 IDENTIFICATION

Ensure there is a visible identification marker for each patient, so that continuity of care can be maintained during the evacuation and subsequent transfer process. It may act as a quick tool used to quickly identify their identity and the unit in which they belong and help to reduce the patients' health and safety risks.

A quick-reference card can be created for each patient – that includes, but is not limited to, the following information:

Patient name	
Room number & unit	
Name of hospital	
Attending clinician	
Special concerns	
Emergency contact information	

03.2 CHARTING

If possible, include both an online and hard-copy version of each patient's chart records. It will allow medical personnel to maintain continuity of care if the patient's clinician/nurse is unavailable. It will communicate the patient's needs and any special considerations, especially any potential risks as a result of an evacuation or transfer.

List other possible information you may need to include in the chart, such as:

- Current medical status
- Special concerns
- Emergency contact information

03.3 PRIORITIZATION

In the event of an evacuation, it is difficult to decide whom to prioritize. It is important to prioritize patient and staff safety. Please fill out the table below **during** the emergency to determine patient prioritizing and to get the most patients out as safely and timely as possible.

PATIENT NAME	ROOM NUMBER	MOBILITY Indicate which patients are identified in the following categories. (Ambulatory, Semi-Ambulatory, Non-Ambulatory, Resistive)	STAFF REQUIRED Identify the number of staff required to safely evacuate the patient.	EVACUATION EQUIPMENT Identify what type of equipment is required to safely evacuate the patient.	MEDICAL RESOURCES Indicate what medication or equipment will be required to maintain the continuity of care.	SPECIAL CONCERNS Address any concerns that may impact the patient's evacuation.	DEPARTURE TIME	DESTINATION

03.4 EVACUATION RESOURCES

Based on the established evacuation timeline, it may be difficult to retrieve resources while the evacuation is ongoing.

What are the resources needed to support patients and maintain the continuity of care?

Complete the checklist below while preparing to evacuate your unit, this serves as a starting guide to identifying the resources needed. There is space left at the end of this subsection for additional notes.

Patient Identification

- Ensure that each patient has a visible identification marker
- Ensure the patient’s information is up to date
- Have patient’s documentation/charts ready for evacuation
- Ensure the patient’s identification is verifiable once they are at another assembly area/destination

Medication

- Are there any medications required to be administered prior to evacuating the patient?
- Is there a plan for medication for the next 24 hours?
- Does the patient have any allergies?
- Are there any side effects of the medication that may impact the evacuation process?

Medical Equipment

- Identify what type of equipment each patient needs to ensure a safe evacuation
- Test equipment functions
- Include spare batteries if necessary
- Are all staff members aware of where additional equipment is located?
- Are staff members equipped and prepared to carry the necessary equipment?

Communication

- Test communication systems
- Ensure backup communication methods are available
- Identify whom to contact when on-route
- Determine the information that needs to be provided when the patient has been successfully evacuated, such as:
 - Patient’s condition/status
 - Destination
 - Transfer of Care
- What method will be used to verify a patient’s identification?
- How will you be notified of the patient’s arrival?

Evacuation Equipment

- What type of equipment will you need to safely evacuate patients? If possible, identify the quantity, but understand that there may only be a limited number available.

Stretchers	
Evacusleds	
Blanket Stretchers	
Carries	

Evacuation Equipment (continued)

- If needed, indicate other equipment, and required quantity
 - Equipment: _____
 - Quantity: _____
- Ensure the patients are secure and prepared for transport
- Be prepared to communicate the necessary information to your director
- Ensure the equipment is returned for additional patient evacuation

04 STAFFING REQUIREMENTS

DEPARTMENT _____	FACILITY _____
UNIT LEADER _____	DIRECTOR _____
TEAM COMMUNICATOR _____	PHONE _____

During an evacuation, various roles may need to be assigned to available staff. This form will assist the department leader in ensuring all roles & responsibilities are covered and identify any needs for additional staff.

04.1.1 ASSIGNING INTERNAL ROLES

If your department is preparing to evacuate and awaiting the order to begin moving patients, fill out the table below. First, list the number of staff currently present in your department, then fill out the number of staff needed to complete each listed function. The final row should represent the number of staff members that can be temporarily reassigned to assist another department in evacuating their patients if needed.

A. Function	B. Staff Needed
Total Staff Currently Present	
Continuing care of patients in the unit	
Preparing patients to be evacuated when the order is issued by a director	
Assigned to additional function not listed in this chart	
Staff able to be reassigned based on previous responses	

If your department is currently evacuating, fill out the table below. First, identify the number of staff required (Col. D) for each function (Col. C) based on the patient breakdown identified in [SECTION 3: PATIENT REQUIREMENTS](#). Afterwards, fill in Col. E to indicate the number of additional staff required to complete each function.

C. Function	D. Estimated # of Staff Needed	E. Additional Staff Required
Continuing Care of Patients in the Unit		
Preparing Patients for Transfer to Staging Area		
Transporting Ambulatory Patients to Staging Area		
Transporting Non-Ambulatory Patients to Staging Area		

TOTAL: _____

04.1.2 ADDITIONAL RESPONSIBILITIES

The following chart can be used to ensure all evacuation tasks are assigned and kept consistent with normal procedures. Please complete **Column B** and review it regularly to ensure it remains up-to-date. **Column C** should be completed when a Code Green has been declared and staff have been assigned the responsibility listed in [SUBSECTION 04.1.1](#).

A. Responsibility	B. Department Specific Procedure	C. Staff Assigned
Marking areas that have already been evacuated		
Tracking patients that are ready to be evacuated		
Tracking patients that have been evacuated from the unit		
Tracking resources to continue providing care and evacuate remaining patients		
Communication with senior leadership and/or Hospital E.O.C.		

04.2 FAN-OUT TEMPLATE

ONLY USE THE FOLLOWING TEMPLATE IF YOUR DEPARTMENT DOES NOT HAVE ACCESS TO THE GENERAL [hospital] FAN-OUT FORM.

In the event of a major evacuation, leaders will need to contact additional staff who are qualified and available to respond to the emergency situation. Please assess whether additional staff members are needed and consider what their roles and responsibilities will be. Consider the available coverage needed for the next shifts to avoid staff shortages.

This list can also be used to contact off-duty staff and inform them that they are not expected to come in and where they can receive updates about the current emergency.

Portions of this form should be completed PRIOR TO an evacuation order being required. Columns A through C should be completed when possible and reviewed on a regular basis to ensure it is accurate.

Column D can be used to mark which staff has agreed to come in once the form is used and Column E should list their expected time of arrival.

DEPARTMENT _____	FACILITY _____
UNIT LEADER _____	DIRECTOR _____

TEAM COMMUNICATOR _____ PHONE _____

A. Name	B. Phone	C. Position	D. Available	E. ETA

IN THE EVENT OF A CODE GREEN:

When calling each member, identify the cause of the fan-out and ask if they are able to come in. If they agree to respond, indicate where & to whom they will report and document their estimated time of arrival. Move on to the next individual if staff member declines or is not able to be reached.

Once this form has been completed, inform the evacuation leader of how many additional staff will be coming to respond.

05 EVACUATION ROUTE GUIDANCE

DEPARTMENT _____	FACILITY _____
UNIT LEADER _____	DIRECTOR _____

05.1 EVACUATION ROUTES

When conducting an evacuation of a hospital facility, it is important to be mindful of several factors when selecting the most appropriate evacuation route to ensure the safety of all those involved. Taking note of the nearest exit is a good first step in selecting the most appropriate route but additional factors should be considered before finalizing the decision. These factors include:

- The space required for staff to safely maneuver not only the patient but also any equipment that may need to be evacuated with the patient, such as life support equipment.
 - o It is also important to be mindful of the physical limitations of patients and staff when selecting a route.
- The ability to quickly access the appropriate staging area for the patient being evacuated.
- Traffic flowing in the opposite direction of the evacuation, such as emergency responders and hospital staff assisting in the evacuation.
- Traditionally used routes may become inaccessible, such as elevators being unavailable.
 - o It is therefore beneficial to not only select one evacuation route but to have several options identified.

Fill out the following chart with the details of your evacuation routes. For each route, list the highest risk hazards that have been identified (*such as poor lighting, narrow hallways, slip/trip hazards, etc.*) and then the mitigation strategies to be employed for each hazard.

	ROUTE DETAILS	HAZARDS	MITIGATION STRATEGY
PRIMARY ROUTE			
BACKUP ROUTE			

05.2 ADDITIONAL ROUTES

During a full-building evacuation, there will not only be a need for movement from the unit to the assembly point but also the movement of staff and first responders back into the facility, either to come assist or to deliver requested resources. These routes should be identified as to minimize the impact on the overall flow of evacuation while still allowing efficient transit between areas where evacuation resources are stored and your unit.

These resources include, but are not limited to:

- Evacuation tools, *such as evacusleds*
- Additional medical supplies, *such as medication and blood products*
- Food and water, *both for patients and staff*
- Mobile generators or batteries should there be a loss of power

06 ASSOCIATED PROTOCOLS

06.1 [HOSPITAL] EVACUATION PROTOCOLS

Various protocols are already implemented to support [hospital] staff in the event of a Code Green emergency. Staff should be familiar with these protocols as well as be knowledgeable on how to access these protocols to ensure a safe evacuation of their facility.

06.2 PATIENT DESTINATION GUIDANCE

The decision-making process to select the destination of each patient is a complex task that requires multiple staff members. It is important to note that staff conducting the evacuation from a specific unit should focus on safely evacuating patients in their care to the staging area and be prepared to provide a transfer-of-care report to the receiving staff in the staging area.

06.3 ASSOCIATED PROTOCOLS

As mentioned in various sections of this toolkit, a Code Green emergency can be ordered as a part of the response to a separate code. The following are the most common codes that can result in a Code Green:

- **CODE BLACK** – Bomb Threat
- **CODE PURPLE** – Hostage Taking
- **CODE RED** – Fire
- **CODE BROWN** – In-Facility Hazardous Spill
- **CODE GREY** – Infrastructure Loss or Failure

Each code's protocols may indicate variances from the Code Green protocols and should be used to better inform staff on the appropriate response in the event an associated code is called in addition to the evacuation order. The [hospital]- Code Green Procedure also outlines specific steps for certain situations such as:

- Fire Incident
- Hazardous Spill/Release Incident
- Violence/Hostage-Taking/Person with a Weapon Incident