

## GOOD SAMARITAN SENIORS COMPLEX POLICY AND PROCEDURE

<b>Manual: FIRE and DISASTER</b>	<b>Subject: CODE GREEN - EVACUATION</b>
<b>Section: C</b>	<b>Effective Date: JUNE 2022</b>
<b>Approved By: Deirdre Britton</b>	<b>Supersede: NEW</b>

### APPENDICES:

- Appendix 1 – Code Green Emergency Checklist
- Appendix 2 – Code Green – Post-Emergency Checklist
- Appendix 3 – Returning to Evacuated Area Checklist

### POLICY

All staff must be familiar with the Evacuation procedures and their individual responsibilities during an evacuation to ensure Residents are removed in a safe and efficient manner.

### PROCEDURES

The general stages of evacuation are the movement of Residents to a temporary safe area of refuge, either horizontally within the building or a total Evacuation to a temporary location. Total evacuation of all occupants from the building would be the final stage if deemed necessary by the senior person in charge or the fire department.

### ALL STAFF

A Code Green Emergency is a critical incident that requires evacuation. The longer it takes to evacuate the area of hazard, the greater the risk to Residents, staff and others in the home.

If you assess there is an immediate danger in an area of the home:

1. EVACUATE IMMEDIATELY when an emergency evacuation is required. Announce on the PA system, or designate an employee to announce (repeat three times):
  - “CODE GREEN (Location)”
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The location may include a specific area, a wing, a floor or the entire building.
2. Ensure Residents and visitors in your work area are in a safe location. For example, remove any Resident who is bathing from the tub.
3. If Residents are required to be removed quickly with lifts and carries follow safe procedures as outlined in Appendix A at the end of this Policy.
4. Shut down any equipment properly (e.g., ovens, laundry equipment). Close all doors.
5. Proceed directly to the Code Green area.
6. If not in your work area when the Code Green is announced (e.g., on break), immediately

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return to your own work area to ensure Residents are safe, equipment is properly shut down, and doors are closed (unlocked).

7. Proceed to the Code Green location to assist with the evacuation.
8. Report to the Administrator or designate.
9. Remove Residents and visitors from the Code Green area to an area determined as safe by the Administrator or Designate (e.g., behind fire doors in a horizontal evacuation).
10. Close all unlocked doors and windows where safe to do so.
11. Search all rooms and each Resident room including bathrooms and closets in the assigned area properly and thoroughly and use evacuated indicators, identifying the room is vacant. Do not use evacuated indicators if a person is still in the room. Inform Administrator or designate if there are people in the room.

### ADMINISTRATOR OR DESIGNATE

1. Determine emergency level; initiate further evacuation or total evacuation if required.
2. Initiate the Staff Call-back List
3. Track and maintain records of evacuees and their destinations, including Resident lists, volunteers, contractors and visitors' sign-in book. Identify Residents with name badges, wristbands or other type of identification.
4. Transport Residents' charts to their relocation sites, including paper and hardware/software applications.
5. Attain staff schedules and volunteer logs to assist with safety accountability.
6. Inform emergency services of people who have not been evacuated or accounted for.
7. Assign staff/volunteers to care for evacuees and ensure they stay safely in the evacuation area.
8. Notify the Ministry of Health/Regional Health Authority and other government reporting authorities (e.g., Ministry of Labour).

### NURSES AND PROGRAM STAFF

1. Provide direction and guidance to staff participating in the evacuation.
2. Take direction from and report to the Administrator or Designate.
3. Identify evacuees with name badges, wristbands or other type of identification.
4. Maintain a head count of Residents and staff, keeping the Administrator/designate informed.
5. Remove Resident charts if time and situation permit.
6. Track the destinations of Residents.
7. Provide for the continuing care of Residents.

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8. If the Code Green is isolated to another wing, ensure an employee remains in your assigned area to provide Resident care and send all other staff to assist with the Code Green.

### **EVACUATION ROUTES**

#### **Long-Term Care Facility**

South Wing            exit at rooms 207, 208  
                              exit to the centre wing at rooms 201, 202  
                              exit to the centre wing at room 226

Centre Wing            exit at back of building, front of building  
                              exit to each Resident home area

North Wing            exit to centre wing  
                              exit out corridor beside room 124

#### **Retirement Lodge**

Link                    exit by the office  
                              exit by the servery  
                              exit to the seniors' south zone

Seniors South            exit to the link  
                              exit to seniors' centre zone

Seniors Centre            exit from the sunroom  
                              exit front door  
                              exit at east entrance  
                              exit to seniors south or seniors west

Seniors West            exit out the door – end of hall by Room 408  
                              exit to seniors' centre

Seniors Basement        exit to seniors' centre zone

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### EQUIPMENT AND NECESSITIES TO REMOVE

Once the Residents are safe and secures staff will endeavor to remove the following equipment and necessities during an evacuation of the building;

1. Medication Cart
2. Treatment Cart
3. Resident Charts
4. Vital Signs machine and thermometer
5. Oxygen tanks and tubing
6. Adequate blankets and bedding
7. Emergency supply of care and grooming aids
8. Emergency supply of food and water
9. Staff phone number list
10. Family/POA phone number list
11. Essential accounting records

### RECEIVING FACILITY

If the receiving facility is an established health care facility (i.e., Hospital, Long Term Care Home), the administration of that facility shall become the authority, have jurisdiction over the evacuees and the utilization of staff available to assist.

If the receiving facility is not a health care facility (i.e., Church, Hotel/Motel), the Good Samaritan staff will be under the responsibility of the Home's Administrator/Designate.

The Administrator/Designate will then supervise the implementation of the following steps:

1. Phone all available staff and volunteers to report for duty. Plan to staff at higher ratios than normal.
2. Set up a central receiving desk to check in all Residents.
3. Check in equipment received, record and allocate as necessary.
4. Ensure that all Residents are appropriately identified as to name, condition and diet.
5. Delegate supervisory responsibilities to senior staff available.
6. Designate areas and responsibilities to all staff and volunteers.
7. Establish a care level for all Residents received.
8. Notify advisory physician about the situation.
9. Orient unfamiliar staff and Residents to the facility and explain the necessary regulations.

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10. Keep Residents and staff informed of current status of evacuation.
11. Maintain as normal a routine as possible.

### RETURNING TO THE FACILITY

If the receiving facility is an established health care facility (i.e., Hospital, Long Term Care Home), the administration of that facility shall become the authority, have jurisdiction over the evacuees and the utilization of staff available to assist.

If the receiving facility is not a health care facility (i.e., Church, Hotel/Motel), the Good Samaritan staff will be under the responsibility of the Home's Administrator/Designate.

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4. Ensure that all Residents are appropriately identified as to name, condition and diet.
5. Delegate supervisory responsibilities to senior staff available.
6. Designate areas and responsibilities to all staff and volunteers.
7. Establish a care level for all Residents received.
8. Notify advisory physician about the situation.
9. Orient unfamiliar staff and Residents to the facility and explain the necessary regulations.
10. Keep Residents and staff informed of current status of evacuation.
11. Maintain as normal a routine as possible.

### FOLLOWING AN EVACUATION

1. Thank everyone: as applicable/appropriate, example Residents, Staff, Volunteers, Families, Media, Government agencies, Receiving facilities, Ambulance, Bus service.
2. Notify the Ministry of Long-Term Care and Home and Community Care of Residents who went home;
3. Take linen inventory to assess loss;
4. Take equipment inventory to assess loss;
5. Establish additional staffing costs;
6. Reimburse staff for expenses due to traveling etc.; and
7. Establish total cost of evacuation.

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### HOW TO MOVE RESIDENTS IN THE EVENT OF AN EVACUATION

The following lifts and carries are suggested for relocation or evacuation of Residents in an emergency.

#### RESIDENTS ON THE FLOOR

##### Hip Roll

- spread a blanket beside the Resident and roll Resident towards you onto the blanket grasping the Resident at the shoulders and the hips
- once on the blanket, grasp the blanket on either side of the head and drag to an area of safety. It does not matter whether the Resident is face up or face down

#### REMOVING RESIDENTS FROM BEDS

##### Cradle Drop

- approach the bed, loosen the bedclothes
- kneel on the floor beside the bed
- bring the Resident to the edge of the bed with the bottom sheet (or move first the shoulders, then the hips)
- place your hands under the sheet, one hand positioned at the shoulders, the other below the hips
- rock back onto your heels bringing the Resident with you, keeping Resident close to your body, allowing Resident to slide onto your knees and then down to the floor
- protect the Resident's head
- wrap excess sheet over Resident
- grasp sheet on either side of the head and pull head first from the room

**Double Cradle Drop:** (useful for large Residents, those in body casts, or those with recent or extensive surgery.)

- two rescuers approach the bed and loosen the bedclothes
- both rescuers grab the bottom sheet and pull the Resident to the edge of the bed
- Rescuer A places her hands under the bottom sheet at shoulders and waist level
- Rescuer B places her hands under the hips and knee
- together the rescuers rock back onto their heels, keeping the Resident close to their bodies, then allowing the Resident to slide onto their knees then to the floor protecting the

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head

- wrap the sheet over the Resident, grasp the sheet on either side of the head and pull head first from the room

**Swing Carry:** (2 man lift useful for almost any conscious Resident – useful for vertical evacuation)

- Rescuer A assists Resident into a sitting position supporting the shoulders
- Rescuer B swings the legs over the edge of the bed
- Rescuers stand on opposite sides of the Resident and place the Resident's arms around their necks and their shoulders under the Resident's shoulders
- Rescuers grasp each other's arm above the elbow behind the Resident's back
- Rescuers grasp wrists under the Resident's knees
- Rescuers with backs straight, lift the Resident off the bed

**To unload:** Rescuers drop on the knee closest to the Resident and while leaning against the Resident, place the Resident's buttocks on the floor and lower Resident to his back, protecting the head.

**Extremity Carry:** (2-man lift; useful for lower extremity injuries, Residents with casts, narrow exits.

**Lift**

- assist Resident to side of bed
- Rescuer A places Resident in sitting position, supporting shoulders
- Rescuer A places arms through the armpits and grasps own wrists above the Resident's chest.
- Rescuer B positioned between Resident's legs, grasps both knees
- Rescuer A signals for lift and advancement to safe area

**To Unload**

- Rescuer B lowers the Resident's legs to the floor.
- Rescuer A lets the patient slide down her body until the buttocks reach the floor. Then, lowers the Resident to his back.

**Three Man Carry:** (used when Resident must be kept flat – e.g. Resident on Stryker frames or with extensive traction)

- Three rescuers (A-B-C) prepare to lift Resident from the bed while a fourth rescuer (D) prepares a blanket for removal
- Rescuer A (the tallest person) positions self at the head of the Resident, places hands

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- under the neck and mid-back
- Rescuer B places hands under waist and hips
- Rescuer C places hands under thighs and calves
- On direction of Rescuer A, Resident is moved to the edge of the bed.
- Rescuer A then directs lifting of Resident from the bed and carrying to the blanket

### **To Unload**

- On direction by Rescuer A – all rescuers kneel on right knee allowing Resident to slide onto left knee; then lower the left knee allowing Resident to slide onto the blanket
- Rescuer D assists with Resident support

### **Four Man Blanket Carry** – (useful for hallway, stairwell, or fire escape removal of Residents)

- Rescuers squat at each of the Resident's shoulders and knees
- Rescuers roll blanket tight towards patient
- Rescuers at the shoulders grasp the blanket at ear level and just below the waist
- Rescuers at knees, grasp the blanket at the hips and below the knees
- On direction, all rescuers simultaneously lift the blanket keeping backs straight, carrying Resident at arm's length
- Remove Resident from room head first
- In stairwells, remove Resident feet first, held at hip level

## **REMOVING AMBULATORY RESIDENTS**

### **Walking Assist**

With Resident standing beside you:

- Place Resident's arm closest to you behind your back and grasp the wrist at your side
- Rescuer places free arm behind Resident's back and grasp Resident's free arm at the wrist, keeping Resident's arm at his side
- Hug patient close, walk to safety



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*N.B. The following policies were used to create this new "CODE GREEN – EVACUATION" policy:*

- Evacuation Procedures,
- Resident Lifts and Carries for Evacuation,
- Evacuation Routes,
- Equipment and Necessities,
- Receiving Facility,
- Receiving Residents from Another Facility,
- Returning to Facility,
- Following an Evacuation

**References:**

Extencicare: Emergency Preparedness and Response Manual, accessed June 13, 2022  
<http://scoc.ca/wp-content/uploads/2021/06/2021-01-25-emergency-preparedness-and-response-manual-2021.pdf>