St. Joseph's Care Group	SITE: Hogarth Riverview Manor
CODE GREEN SITE SUB PLAN	**APPROVAL DATE / DATE OF LAST REVIEW:** July 7, 2022
PREPARED BY: Jonathon Riabov & Alex Wood	**APPROVED BY:** Jonathon Riabov

PURPOSE: Document provides site-specific information regarding the steps to be followed during a Code Green. A current copy of this sub-plan must be kept in your site's evacuation bag (if applicable).

REFERENCES: *Code Green – Evacuation AD-06-191*

1. SITE SPECIFIC INFORMATION

CODE GREEN RESPONSE LEAD:

- Upon code activation, the home area **RN/designate** must wear the emergency vest and is responsible for ensuring response instructions are carried out within his/her response area.
- If the responsible Lead indicated above is not present, one person must wear the vest. All staff who may be required to carry out these responsibilities must be well informed as to their roles and responsibilities when wearing the vest.

UNIT HOLDING AREA

- If one or more resident rooms on a home area require evacuation, residents will be evacuated to that home area's dining room. Emergency services and/or RN/manager/designate will communicate if further evacuation is required

HOLDING AREA

- Townhall

RELOCATION SITE(S)

- St. Patrick's High school
- St. Dominic Church
- Pioneer Ridge
- Matawa Learning Centre

RESIDENT/STAFF HOLDING AREA(S):

Resident holding area(s) are locations where residents will be sheltered temporarily until they can either return to their unit, be transferred to another unit, discharged or be transported to another location.

For each resident home area/department, IDENTIFY the corresponding client holding areas for both a horizontal and vertical evacuation

- HRM resident home areas will horizontally evacuate to the closest home area on the same floor (e.g. 2 South will evacuate to 2 North).

UNIT	HORIZONTAL EVACUATION LOCATION	VERTICAL EVACUATION LOCATION
Birch	Spruce or Townhall	N/A
2 North	2 South	Townhall
3 North	3 South	2nd Floor
4 North	4 South	3rd Floor
5 North	5 South	4th Floor

6 North	6 South	5th Floor
7 North	7 South	6th Floor
Kitchen	Townhall	N/A
Stores	Townhall	N/A
Finance	Townhall	N/A
Laundry/Enviro Services	Townhall	N/A
Building Services	Townhall	N/A
Administration/Quality	Townhall	

LOCATION OF EVACUATION BAG(S)

- Med rooms on each resident home area

EVACUATION BAG CONTENTS

See Appendix A for "Evacuation Bag Inventory Checklist"

1. Emergency vest
2. Empty name tags (enough for all resident on the unit)
3. Clipboard and pencil
4. Blank Resident Identification Tags
5. Resident Evacuation Record
6. Evacuation Room Check Record
7. Site Code Green Sub Plan

EMERGENCY CODE COMMUNICATION

- Staff dial *67 on any Cisco phone to announce emergency code throughout building
- Emergency radios are kept at each nursing station. Staff are to use channel two in the event of an emergency.

EMERGENCY TRANSPORTATION OF RESIDENTS

- City of Thunder Bay will be contacted for emergency transportation of residents

2. FIRST RESPONSE IN EMERGENCY LOCATION

CODE GREEN RESPONSE LEAD OR DESIGNATE

1. Put on emergency vest and ensure response instructions are carried out;
2. Determine what Emergency Code needs to be activated (e.g. Code Grey, Code Orange)
3. Determine is a Code Green STAT (immediate evacuation of affected area) is required;
4. Notify Manager of affected area and Leadership on-call;
5. Communicate emergency(s) on overhead pager;
6. Remain central location in/immediately outside affected unit/department and assign tasks to all responding staff;
7. Ensure a staff and resident roll call is completed upon relocation to holding area;
8. If residents or staff require medical attention, direct staff to call 911;
9. Coordinate transportation of residents to relocation sites if required;
10. Take direction from Leadership on-call and emergency services upon their arrival.

STAFF OF EMERGENCY LOCATION

1. Immediately report to the person wearing the emergency (Code Green Lead);
2. Determine a safe evacuation route for clients;
3. Evacuate all residents/staff/visitors from affected area to a safe holding area;

4. Residents are to be evacuated in the following order:
    a. Room of origin – location of hazard (fire, toxic spill site, etc.);
    b. Ambulatory residents (take in groups if possible);
    c. Residents requiring walking assistance (wheelchairs and walkers);
    d. Non-ambulatory residents (blanket carry to holding area with 2 staff minimum);
5. Once each room is evacuated, ensure the door and windows are closed;
6. Use the Evacucheck door markers (located on each resident room door) to indicate successful evacuation;

← Indicates room has been successfully evacuated

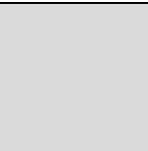← Indicates the room must be re-checked

    a.
7. Use the "Resident Room Check" record to confirm that all rooms have been checked;
8. Transfer evacuation bags, essential equipment and medications to holding area;
9. Perform a resident and staff roll call;
10. If there are any residents or staff that require medical attention, call 911;
11. In the event that residents are being transferred to relocation sites, complete the "Resident Evacuation Record";
12. Ensure all resident name tags are correctly filled out prior to transfer.

3. POST EMERGENCY RECOVERY

1. Once emergency location is deemed safe to occupy, transfer all residents back to their designated rooms;
2. Transfer equipment and medication back to the unit;
3. Staff of the emergency location will review and complete the Emergency Code Audit form;
4. Restock the unit's evacuation bag if required;
5. Emergency Code Audit form must be emailed to the SJCG Health & Safety Coordinator;
6. Manager of emergency location will facilitate a formal debrief (using the SJCG Incident Debrief Template) if required;
7. Site management and Occupational Safety will review the Code Green Policy and site sub-plan within 30 days of the emergency being declared over.

Appendix A: Evacuation Bag Inventory Checklist

The Evacuation Bag Inventory Checklist should be used to audit the contents of all site evacuation bags. Evacuation bags are to be audited annually <u>and</u> after each use.

ITEM	CHECK
	Emergency Vest Date: _____ Initials: _____
	Empty Name Tags Date: _____ Initials: _____
	Blank Resident Tags Date: _____ Initials: _____
	Clipboard & Pencil Date: _____ Initials: _____
	Resident Evacuation Record Date: _____ Initials: _____
	Evacuation Room Check Record Date: _____ Initials: _____
	HRM Code Green Sub-Plan Date: _____ Initials: _____