



CODE PROCEDURE

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| Category: | Code Green | Page Number: | 1 of 10 |
| Subject: | Evacuation Plan | Distribution: | Hospital Wide Manuals |
| Current Effective Date: | June 2015 | Next Review Date: | June 2018 |

The Stanton Territorial Health Authority (STHA) strives to maintain a safe environment for patients, staff and visitors should an internal disaster occur.

PURPOSE

The purpose of this plan is to provide a guide for the safe relocation of patients, staff and visitors within the hospital or for evacuation of the entire hospital which may be necessitated by:

- a) Building destruction – by fire, explosion, snow, flood
- b) Disruption of essential services – heat, water, power
- c) Danger caused by internal accidents – dangerous goods spills, gas leaks, bomb threats, hostage taking

DEFINITIONS

Evacuation - the relocation of patients, staff and visitors either horizontally or vertically from a dangerous or potentially dangerous area to an area of safety

Muster station – an area where each department or unit can gather in an emergency

Room – a room or area which can be confined by closing a secure door (not necessarily a fire door)

Zone – a unit or area which is protected by a fire door

PROCEDURE

When smoke, fire or internal disaster occurs in the hospital it may be necessary to evacuate a room, zone or floor. Evacuation of the hospital would be the last resort. The extent of the emergency will dictate the need for initiating the evacuation phases. It is recognized that circumstances may require individual emergency decisions. Staff should be familiar with the

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various lifts and carries available for the removal of ambulatory and non-ambulatory patients. The evacuation plan is intended to provide a guideline and, when possible, follow the phases as outlined below.

In all patient care areas:

1. Remove patients and visitors to designated area.
2. Account for and ensure the safety of patients, staff and visitors using departmental procedures.
3. Standby for further instruction.

Phase 1: Evacuate a Room

Discovery of a small or localized danger within a room requires the removal of patients, staff and visitors who are in immediate danger. The closest secure door to this area should be closed. If this occurs on a patient unit, all patient room doors will be closed during this phase. Staff in this area should report to their muster station. If it is unsafe to report to the assigned muster station, staff should report to the first phase II location. See Appendix for evacuation locations.

Phase 2: Evacuate a Zone

If the hazard has not been contained in Phase 1, Phase 2 of evacuation will be ordered by the person in charge – Chief Executive Officer, Director, Manager/Supervisor or designate. See Appendix for evacuation locations. Staff should report to the first location indicated unless it is unsafe to do so. In that instance, staff should report to the second location.

For patient care units:

1. Patients will be relocated to an adjacent zone, beyond smoke or fire barrier doors.
2. Patient rooms will be evacuated in order of priority determined by their location relative to the hazardous situation.
3. Staff will set up in a line starting near the end of the hazardous zone and extending to the nearest smoke barrier doors. The patients will be passed (wheeled, ambulated or dragged) from one staff person to the next in a relay past the barrier doors to an area of safety.
4. At least one staff member should remain with the relocated patients.
5. Ensure that the charts accompany the patients.
6. Designate a runner to alert adjacent zone(s) (horizontally and vertically) to prepare for patient reception and/or possible evacuation of their zone.

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Phase 3: Evacuate a Floor

If the hazard has not been contained in Phase 2, Phase 3 of evacuation will be ordered by any two of the following officers:

- The Chief Executive Officer (CEO) or Designate
 - The City of Yellowknife Fire Department
 - The Patient Care Coordinator (PCC)
1. Evacuate the areas nearest to the danger area first.
 2. Evacuation will be under the direction of the CEO or Designate, PCC and the Fire Department using the nearest egress points - stairwells or elevators.
 3. Close all doors.
 4. Prepare for Phase 4.

Phase 4: Evacuate entire building

Evacuation of the building is a very drastic step involving considerable risk to patients, staff and visitors. Should this be necessary, the City of Yellowknife Emergency Operations Plan may be put into effect.

1. The offsite holding area will be St. Joseph's School. A Triage and Control will be established on the identified site.
2. Evacuate all floors above affected floor beginning with the floor nearest to the danger.
3. Evacuate all floors below the affected floor.
4. Patient records should accompany patients to the Holding Area.
5. Position staff members at exit doors to maintain proper evacuation flow.
6. Ensure sufficient staff is allocated to the Holding Area.
7. Prohibit entry of unauthorized persons.
8. Remove essential records and deliver to a safe location.
9. Account for all staff and occupants.
10. Remove essential equipment to the Holding Area.

Phase 4 Administrative Responsibilities

During regular hours, the CEO or designate on site will assume control and will set up a Control and Communication Centre. During evenings, nights, weekends and statutory holidays, the PCC will assume Senior Control until the arrival of the CEO or designate. The PCC will then assume the role of Director of Patient Care until relieved and/or reassigned. The CEO or designate will work collaboratively with outside agencies in order to facilitate the evacuation.

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The role of the Control Centre will be to:

- Set up communication system using telephones, mobile radios, pagers and/or runners.
- Direct ALL communications with Yellowknife agencies.
- Direct ALL information on status of emergency, evacuation procedures and resources needs.
- Monitor progress of evacuation.
- Troubleshoot operational problems.

The role of the Communication Centre will be to:

- Control information flow
- Alert on-duty personnel of disaster with minimum disturbance to patients
- Alert off-duty personnel of disaster as appropriate

The Control and Communication Centres will be located at a safe and central location within the hospital such as:

- Admitting/Registration Offices
- Emergency Department Registration/Security

The Control Centre shall consist of:

- CEO or designate – person in charge
- Medical Director
- Director, Patient Care
- Director, Corporate Services
- Director, Medical Clinics and Services

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| Control Centre Roles | Standing Responsibilities |
|--|---|
| CEO or designate | <ul style="list-style-type: none"> • determines extent of emergency • establishes the Control Centre • declares emergency and phase of evacuation to be implemented • designates holding and triage areas • with Director, Patient Care, makes decisions as to number of patients to discharge or transfer • notifies bus companies, trucking firms, St. Joseph's school. NOTE: giving telephone number of Control Centre • monitors progress and makes • coordinates all press enquiries |
| Medical Director | <ul style="list-style-type: none"> • initiates fan-out medical staff • monitors and reports activities from triage/holding areas • coordinates the assignment of medical staff to triage/holding areas and nursing wards • coordinates other medical staff responsibilities |
| Director, Patient Care Services | <ul style="list-style-type: none"> • initiates fan-out nursing • monitors and reports on activities from triage/holding areas • coordinates assignment of nursing staff • with CEO, makes decisions as to number of patients to discharge or transfer |
| Director, Corporate Services and Chief Financial Officer | <ul style="list-style-type: none"> • initiates Corporate Services' departmental fan-out procedures as needed • monitors and reports on activities from holding area/family, visitor area • manages the communication centre |
| Director, Ambulatory Care and Medical Affairs | <ul style="list-style-type: none"> • initiates Ambulatory Care and Medical Affairs' departmental fan-out procedures as needed • coordinates assignment of all non-nursing staff and other departmental responsibilities, e.g. patients, staff and visitors, supplies, equipment, traffic control, public enquiries, etc. |

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General Instructions to Staff

1. Do not say you will come unless you plan to do so.
2. Upon receipt of the telephone call stating that you are needed, please proceed immediately to the Hospital.
3. The number of staff called back is at the discretion of the Department Manager or designate and will depend upon the phase of the evacuation anticipated.
4. Do not call the hospital during a disaster. The switchboard is busy with the disaster response. Staff members who are returning to the hospital in response to a disaster are asked to park in the front parking lot and enter via the staff entrance.
5. Fire and ambulance zones must be kept free of parked cars.
6. Police may erect roadblocks around the hospital in the event of a major threat to the hospital and you will have to present a hospital I.D. card in order to get past the roadblocks.
7. Nursing staff should report to the Control Centre. Other staff should initially report to their regular departments if possible. If they are required to provide essential service within their department and do not have specific tasks, they may be released by their Department Manager.

Reviewed and approved by:

 JUN 10 2015

Chief Executive Officer (Sign & Date)

Effective:

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Appendix

EVACUATION LOCATIONS

| EVACUATION LOCATIONS | | |
|-----------------------------|--|--|
| DEPARTMENT | MUSTER STATION | PHASE II EVACUATION LOCATIONS REPORT TO: |
| ABORIGINAL WELLNESS | Muster Station: Staff Development area | 1 st - Extended Care Lounge 2 nd - Medicine Lounge |
| ADMINISTRATION | Muster Station: Admin Support Staff area | 1 st - Extended Care Lounge 2 nd - Medicine Lounge |
| ADMITTING | Muster Station: Admitting | 1 st - Lab/DI Waiting Room 2 nd - Emergency Waiting Room |
| BIO-MED | Muster Station: Bio-Med | 1 st - Cafeteria 2 nd Admitting Waiting Area |
| COMPUTER SERVICES | Muster Station: Health Records | 1 st - Extended Care Lounge 2 nd - Medicine Lounge |
| DIAGNOSTIC IMAGING | Muster Station: Lab/DI Waiting Room | 1 st - Occupational Therapy Gym 2 nd - Emergency Waiting Room |
| DIETARY | Muster Station: Cafeteria | 1 st - Materials Mgmt Office/Stores 2 nd - Admitting Waiting Area |
| EMERGENCY & PCCs | Muster Station: ED Nursing Desk | 1 st - Cafeteria 2 nd - Admitting Waiting Area |
| EXTENDED CARE | Muster Station: Nurse station | 1 st - Medicine via corridor 2 nd - Psychiatry via corridor |

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| EVACUATION LOCATIONS | | |
|----------------------|---|--|
| DEPARTMENT | MUSTER STATION | PHASE II EVACUATION LOCATIONS REPORT TO: |
| HEALTH RECORDS | Muster Station: Health Records | 1 st - Extended Care Lounge 2 nd - Medicine Lounge |
| HOUSEKEEPING | Muster station: Cafeteria | 1 st - Materials Mgmt Office/Stores 2 nd - Admitting Waiting Area |
| LABORATORY | Muster Station: Specimen Receiving Area | 1 st - Occupational Therapy Gym 2 nd - Emergency Waiting Room |
| LANGUAGE SERVICES | Muster Station: Staff Development area | 1 st - Extended Care Lounge 2 nd - Medicine Lounge |
| LAUNDRY | Muster Station: Cafeteria | 1 st - Materials Mgmt Office/Stores 2 nd - Admitting Waiting Area |
| MATERIALS MANAGEMENT | Muster Station: Materials Mgmt Office | 1 st - Cafeteria 2 nd Admitting Waiting Area |
| MEDICAL AFFAIRS | Muster Station: Medical Clinic | 1 st - Cafeteria 2 nd - Emergency Waiting Room |
| MEDICAL CLINIC | Muster Station: Medical Clinic | 1 st - Cafeteria 2 nd - Emergency Waiting Room |
| MEDICINE | Muster Station: Nurse station | 1 st - Extended Care 2 nd - Psychiatry |
| MED RESPONSE | Muster Station: Med Response Office | 1 st - Extended Care Lounge 2 nd - Medicine Lounge |

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| DEPARTMENT | MUSTER STATION | PHASE II EVACUATION LOCATIONS REPORT TO: |
| OBSTETRICS | Muster Station: Nurse station | 1 st - Surgery 2 nd -Paediatrics |
| OCCUPATIONAL THERAPY | Muster Station: OT/PT Waiting Room | 1 st – Lab/DI Waiting Room 2 nd - Emergency Waiting Room |
| OH&S/INFECTION CONTROL COORDINATOR | Muster Station: OR nurse station | 1 st -Surgery 2 nd -Paediatrics |
| OPERATING ROOM | Muster Station: Nurse station | 1 st -Surgery 2 nd -Paediatrics |
| PEDIATRICS | Muster Station: Nurse station | 1 st -Surgery 2 nd -Obstetrics via corridor |
| PHARMACY | Muster Station: Pharmacy Office | 1 st - Cafeteria 2 nd -Admitting Waiting Area |
| PHYSIOTHERAPY | Muster Station: OT/PT Waiting Room | 1 st – Lab/DI Waiting Room 2 nd - Emergency Waiting Room |
| PSYCHIATRY | Muster Station: Nurse station | 1 st -Extended Care 2 nd -Medicine |
| RESPIRATORY THERAPY | Muster Station: OR nurse station | 1 st -Surgery 2 nd -Paediatrics |
| STAFF DEVELOPMENT | Muster Station: Staff Development area | 1 st -Extended Care Lounge 2 nd -Medicine Lounge |

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| DEPARTMENT | MUSTER STATION | PHASE II EVACUATDN LOCATIONS REPORT TO: |
| STORES | Muster Station: Materials Mgmt Office | 1st -Cafeteria 2nd -Admitting Waiting Area |
| SOCIAL WORKERS | Muster Station: ECU nurse station | 1 st -Medicine 2 nd -Psychiatry |
| SURGERY | Muster Station: Nurse station | 1 st – Obstetrics 2 nd –Paediatrics |
| TRANSCRIPTION SERVICES | Muster Station: Health Records | 1 st -Extended Care Lounge 2 nd -Medicine Lounge |

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