

FACILITY Standard Operating Procedure

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| Title: Code Green – Evacuation Procedure | Policy Number: 06-07-V1 |
| Facility Name: Stanton Territorial Hospital | |
| Applicable Domain: Emergency Measures | |
| Additional Domain(s): NA | |
| Effective Date: 26/05/2019 | Next Review Date: 26/05/2022 |
| Issuing Authority: COO Stanton Territorial Hospital | Date Approved: 24/05/2019 |
| Accreditation Canada Applicable Standard: 14.2, 14.3 | |
| Accrediting Body and Standard: NA | |

GUIDING PRINCIPLE:

The Northwest Territory Health Social Services Authority - Stanton Territorial Hospital (NTHSSA – Stanton) is dedicated to providing patients and staff with a physical environment that is safe from hazards.

PURPOSE/RATIONALE:

This plan provides 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:

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

DEFINITIONS:

AED – Automatic External Defibrillator

ASSEMBLY POINT – An exterior location for staff and visitors to assemble after building evacuation. One is in the ED parking lot. The other is in the main parking lot across Byrne Road. Assembly points will be areas identified by Security and may change dependent on the location of the fire.

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EMS – Emergency Medical Services

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

FIRE COMPARTMENT - A unit or area which is protected by a fire door and a 1-hour fire separation.

INCIDENT - An event such as a fire, hazardous spill, bomb threat, hostage taking, shooter, flood or similar occurrence which places the immediate safety of patients, staff and visitors in danger.

INCIDENT COMMAND CENTER (ICC) - The Incidence Management Team (IMT) will convene at the ICC when ordered by the Incident Commander. The primary location is the Conference Room (2800) or Emergency Operations Center (EOC) in Administration on Level 2. Should the primary location become untenable, the secondary location is at Center Ice Plaza on Level 2, in the Large Boardroom.

INCIDENT COMMAND SYSTEM (ICS) - The Incident Command System (ICS) delineates the roles and responsibilities of those managing a Code Red incident. (Refer to Appendix A of this procedure). The Incident Command System (ICS) will be used to manage internal incidents including Code Red. The ICS consists of two primary components; the Incident Management Team (IMT) responsible for overall command of the incident and all actions for controlling the incident, and the Incident Command Center (ICC) where the Incident Command Team is located during an incident.

INCIDENT MANAGEMENT TEAM (IMT)- The IMT is responsible for managing an incident once it has been confirmed or other conditions trigger the need for an evacuation or command center (Code orange).

MUSTER STATION - An area where each department or unit can gather in an emergency. Muster stations are located inside of the building.

ZONE – An area of a building designated as part of a fire alarm system or sprinkler system.

EVACUATION

The activation of a Code Green Procedure is explained in detail in the following section. It includes the procedure, evacuation locations and individuals' roles and responsibilities. Each Department will have unique considerations that are identified in the Departmental Considerations Matrix.

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SCOPE/APPLICABILITY:

All staff working at NTHSSA – Stanton.

PROCEDURE:

ACTIVATION OF CODE GREEN

When smoke, fire or internal or external disaster occurs in the hospital it may be necessary to evacuate a room, compartment 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, and that staff should be familiar with the 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:

- Prepare for evacuation of the hospital
- Remove patients and visitors to designated area
- Account for and ensure the safety of patients, staff and visitors using departmental procedures

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 Stage 2 location. These are identified in the Department Consideration section.

The person in charge, such as the Patient Care Coordinator (PCC), or designate will provide direction to the staff and assist with movement of patients are required.

PHASE 2: EVACUATE A FIRE COMPARTMENT

If the hazard has not been contained in Phase 1, Phase 2 of evacuation will be ordered by the Incident Commander (COO, or PCC or designate) in conjunction with Dexterra General Manager/Chief Fire Warden or designate. Dexterra will provide security services to secure the Fire Compartment.

A Phase 2 evacuation will **initiate the implementation of the IMT and the establishment of the ICC.**

For all patient care units:

- Patient rooms will be evacuated in order of priority determined by their location relative to the hazardous situation.
- A designated runner will alert adjacent compartment(s) (horizontally and vertically) to prepare for patient reception and/or possible evacuation of their compartment.
- All charts will accompany the patients.
- Staff will move patients in the following order: ambulatory patients, wheelchair patients, bedridden patients are to be moved last.
- At least one staff member will remain with the relocated patients.

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 City of Yellowknife Fire Department
- Chief Fire Warden (CFW) (Dexterra Facility Manager) or designate
- Incident Commander (Chief Operating Officer, or designate, Patient Care Coordinator (PCC) or designate)

Once activation of Phase 3 is confirmed:

- The Dexterra Facility Manager will announce the Code Green using the overhead paging system:
Speaking clearly, they will announce: "**Code Green Phase 3 - _____ (location)**" three times.

- Following the direction of the Incident Commander or designate, all nearest to the danger area will evacuate the areas first using the nearest egress points – stairwells or elevators.
- The Unit Managers / Fire Wardens (or designates) will ensure their areas are evacuated and account for all patients (and their medical record) and visitors. They or their designate will close all doors and report to the external muster points. Additional roles and responsibilities, and unique departmental considerations are described in detail in the Departmental Considerations Matrix in the next section.
 - All units will prepare for Phase 4 or evacuation of the entire building.

PHASE 4: EVACUATE ENTIRE BUILDING

Evacuation of the building is a very drastic step involving considerable risk to patients, staff and visitors, so careful consideration must be given prior to activating Phase 4.

If the hazard has not been contained in Phase 3 or there are additional risks identified, Phase 4 of evacuation will be ordered by any two of the following officers:

- The City of Yellowknife Fire Department
- Chief Fire Warden (CFW) (Dexterra Facility Manager) or designate
- Incident Commander (Chief Operating Officer, or designate, Patient Care Coordinator (PCC) or designate)

The officers may also initiate the City of Yellowknife Emergency Operations Plan.

Once activation of Phase 4 is confirmed:

- The CFW will announce the Code Green using the overhead paging system: Speaking clearly, they will announce: “**Code Green Phase 4 – evacuate all areas**” three times.
- The Unit Managers / Fire Wardens (or designates) will ensure their areas are evacuated and account for all patients (and their medical record) and visitors. They or their designate will close all doors and report to the external assembly points. Additional roles are responsibly, and unique departmental considerations are described in detail in the Departmental Considerations Matrix in the next section.

EVACUATION PROCESS

- All occupants of the hospital will evacuate all floors above affected floor beginning with the floor nearest to the danger.
- All floors below the affected floor will evacuate.
- STH staff will ensure patient records accompany patients to the Holding Areas/ External Assembly points
- DFW will position Security and Fire Wardens or designates at exit doors to maintain proper evacuation flow of occupants.
- PCC and DFW will designate staff to be allocated to the Holding Area/Assembly Point Stations.
- The offsite holding area will be Ecole St. Joseph's School on Range Lake Road. A triage and Control Centre will be established on the identified site.
- Staff that are transported with patients to alternate sites will remain with the patients until notified by the PCC.
- CFW and DFW and designates Security and Fire Warden will restrict access to the building to authorized personnel and emergency services. They will account for all staff and occupants and report this information to the Incident Commander and CFW.
- Security services will provide to the CFW and Incident Commander, a list of individuals who have card access to the building and who are currently listed as being in the building through the card access system.
- Essential equipment required for continued patient care will be further assessed at the time of evacuation.
- Administrative responsibilities will be managed by the Incident Commander with the assistance of the Incident Management Team.
- The number of staff called back is at the discretion of the PCC or designate and will depend upon the phase of the evacuation anticipated.
- EMS entrance to the Emergency Room must be kept free of parked cars.
- Staff members who are returning to the hospital in response to a disaster are asked to park in the hospital parking lot.
- Police may erect roadblocks around the hospital in the event of a major threat to the hospital and all staff will have to present a hospital I.D. card in order to get past the roadblocks.

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- All staff should report to their home departments if possible. They may be required to provide essential service within their department or they may be tasked to a different area by their dept. Manager.

DEPARTMENTAL CONSIDERATIONS MATRIX

All areas and individuals must follow the general evacuation procedures as outlined above. The following special duties are in addition to the general procedures:

| Department | Consideration | Action Plan |
|-----------------------------|--|---|
| Ambulatory Care Clinic | Safety | <ul style="list-style-type: none"> • Ill or injured patients to be escorted to ED |
| Dialysis | Patient Movement Safety | <ul style="list-style-type: none"> • Transport equipment if needed (IV pumps, etc.) • Dialysis machines moved with critical patients |
| Emergency Department | Safety Patient Transport | <ul style="list-style-type: none"> • Confirm requirements for gas shut off • Use planned evacuation route to avoid EMS traffic • Evacuate with additional portable gases • Staffing will accompany ill, injured, or behavioral health patients • Confirm need to close Isolation Rooms |
| Facility Services (Stanton) | Evacuate Basement / Assist in building shut down / Traffic Control | <ul style="list-style-type: none"> • Check morgue for visitors • Check staff locker rooms for staff members • Assist Dexterra with shut down of gases as directed. • Assist with the provision of portable gases • Traffic barriers placed as required |
| ICU | Safety Patient Transport | <ul style="list-style-type: none"> • Confirm requirements for gas shut off • Transport patients with appropriate equipment (vents, monitors, stretchers) • Evacuate most ill and injured patients to ED |

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| Department | Consideration | Action Plan |
|--|--------------------------------|--|
| | | <ul style="list-style-type: none"> • Evacuate with additional portable gases • Move critical carts / AED / defibrillators with patients • Staff will accompany injured or vented patient • Confirm need to close Isolation Rooms |
| Kitchen | Safety | <ul style="list-style-type: none"> • Confirm need to turn off Fryers / Ovens / Heat Sources |
| Lab | Security | <ul style="list-style-type: none"> • Consider blood bank requirements & documents if required to move from department • Confirm need to turn off gases and equipment |
| Materials Management | Safety | <ul style="list-style-type: none"> • Secure warehouse prior to departure |
| MDR | Safety | <ul style="list-style-type: none"> • Confirm need to turn off gases and equipment |
| Medical Day Care | Patient Movement | <ul style="list-style-type: none"> • Confirm location of transport equipment if needed (IV pumps) |
| Operating and Post Anesthetic Recovery Rooms | Safety Patient Transport | <ul style="list-style-type: none"> • Confirm requirements for gas shut off • Transport equipment (vents, monitors, stretchers) as required • Follow planned evacuation route with intubated patients to L&D Suites • Evacuate with available portable gases • Move critical carts / AED / defibrillators with patients • Staff will accompany vented patient |
| Pharmacy | Security | <ul style="list-style-type: none"> • Secure Pharmacy and Narcotics • Take required records • Confirm need to close fume hoods |

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| Department | Consideration | Action Plan |
|---------------------|--|---|
| Security (Dexterra) | Safety and Security of Evacuation Routes | <ul style="list-style-type: none"> • Ensure evacuation points are clear of debris, snow or objects • Consider placement of traffic barriers |

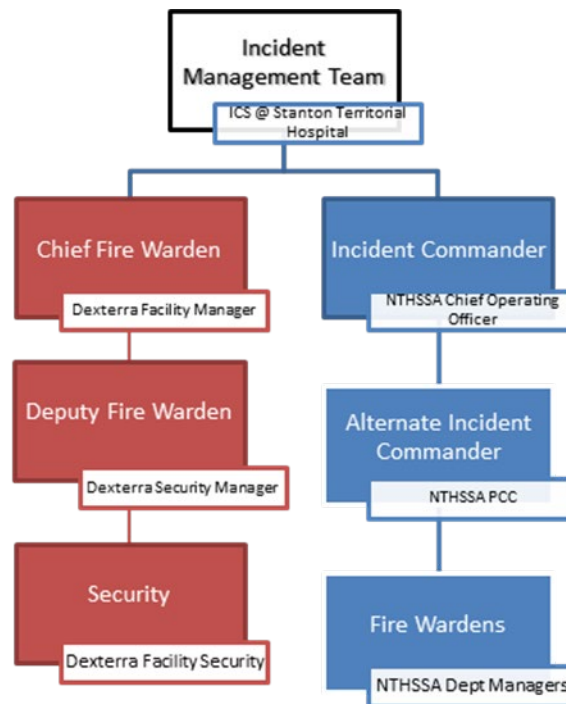
INCIDENT COMMAND SYSTEM (ICS)

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The ICS consists of two primary components; the Incident Management Team (IMT) responsible for overall command of the incident and all actions for controlling the incident, and the Incident Command Center (ICC) where the Incident Command Team is located during an incident.

INCIDENT MANAGEMENT TEAM (IMT)

The IMT is Responsible for managing an incident once it has been confirmed or other condition triggers the need for an evacuation or command center (Code orange). The following table identifies the IMT for all code incidents.



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INCIDENT MANAGEMENT TEAM ROLES AND RESPONSIBILITY MATRIX

| Role | Position | Responsibilities | Organization |
|--|---|---|---|
| Command Staff – Lists All Roles and Responsibilities for Overall Incident Command | | | |
| Incident Commander | M-F: 0800-1600 COO or Alternate 1600-0800, Statutory Holidays, Weekends PCC, on-call manager or COO if called in/on site | Manages Situation Final decision maker Responsible for all staff/resources assigned to the incident | Stanton all codes (until YKFD Fire Chief takes over during Code Red) |
| Liaison Officer | MF: 0800-1600 PCC 1600-0800, Statutory Holidays, Weekends Alternate Incident Commander or Designate | Primary contact for external organizations (police, etc.) | Stanton |
| Public Information Officer | MF: 0800-1600 COO, until delegated to NTHSSA/DHSS Communications or PCC 1600-0800, Statutory Holidays, Weekends PCC or Designate until delegated to NTHSSA/DHSS Communications | Responsible for all internal and external (media) communications | Stanton |
| Safety Officer | 1600-0800, Statutory Holidays, Weekends Chief Fire Warden or Deputy Fire Warden / On Duty Engineer | Monitors safety conditions Develops measures to assure safety for staff responding to the incident | Dexterra |

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|------------|---|--|---|
| | | Shut offs e.g. Medical Gas | |
| Operations | <p>MF: 0800-1600 Senior Nursing Manager</p> <p>1600-0800, Statutory Holidays, Weekends PCC</p> | Directs actions required to meet incident objectives (e.g. free up space in hospital, recall employees from home) | <p>Stanton <i>Clinical Services</i> <i>Diagnostics</i> <i>Pharmacy</i> <i>Clinical Testing</i></p> |
| Planning | <p>MF: 0800-1600 COO Executive Assistant</p> <p>1600-0800, Statutory Holidays, Weekends PCC or Designate</p> | Provides information for decision making Keeps track of resources and manages documentation including record of decisions | <p>Stanton/ Dexterra</p> |
| Logistics | <p>MF: 0800-1600 A Leads designated from Dexterra – Housekeeping Stanton – Materials Management</p> <p>1600-0800, Statutory Holidays, Weekends Alternate Designates to be identified</p> | Provides support, resources to operations. | <p>Dexterra <i>Waste Management</i> <i>Housekeeping</i> <i>Laundry/Linen</i> <i>Dietary</i> <i>Facilities</i> <i>Management</i></p> <p>Stanton <i>Material Management</i> <i>IT</i> <i>Facilities</i> <i>Services</i></p> |
| Finance | Hospital Comptroller | Calculates the costs of managing the incident for purposes of audit and fiscal responsibility | Stanton |

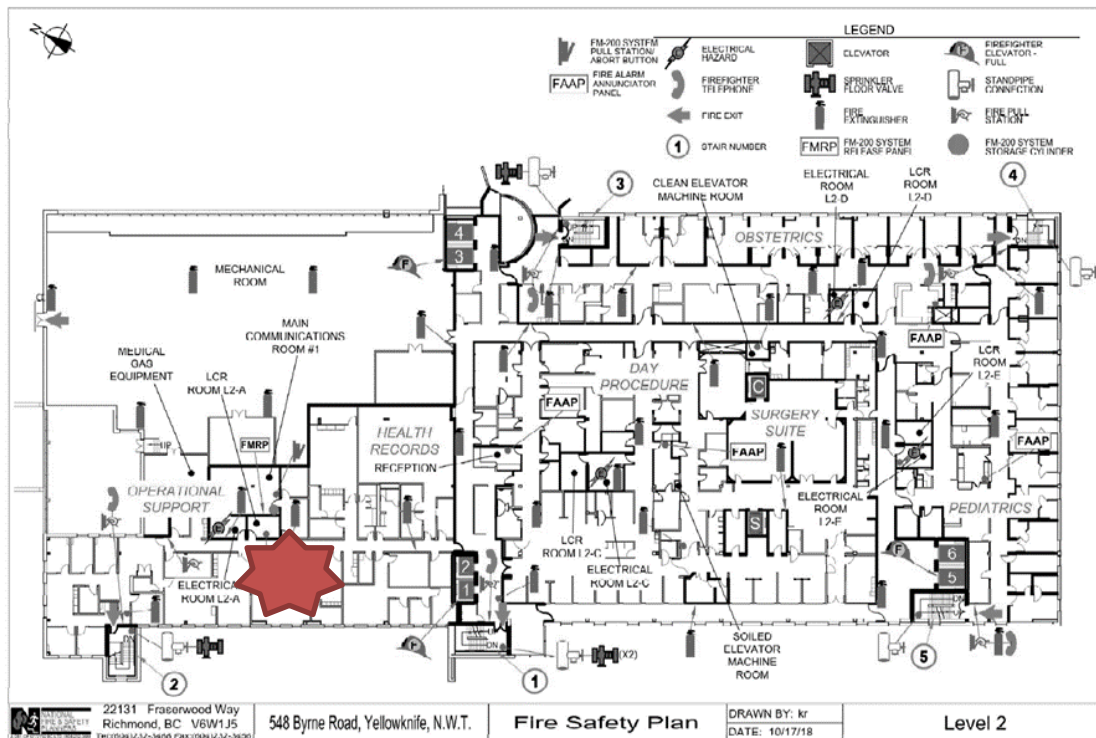
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INCIDENT COMMAND CENTER (ICC)

The IMT will convene at the ICC when ordered by the Incident Commander;

- a) The primary location is the Conference Room (2800) or Emergency Operations Center (EOC) in Administration on Level 2.
- b) Should the primary location become untenable, the secondary location is at Center Ice Plaza on Level 2, in the Large Boardroom.

PRIMARY EOC - 2nd Floor Conference Room (2800) or Emergency Operations Center (EOC) in Administration



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SECONDARY, OFF-SITE EOC – Center Ice Plaza, 2nd level, in the Large Boardroom.

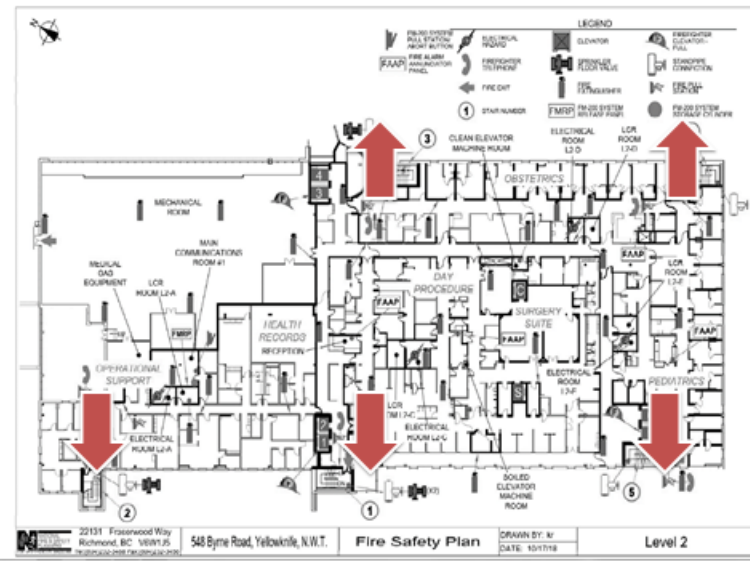


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PHASE 3 EVACUATION ROUTES

| Level | Department | Primary Muster Point | Evacuation Route | | |
|----------------------------|-----------------------------|--------------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| 0 | Health Records Storage | Health Records work area | To Level 1 Via Stairs #3 to Cafeteria | To Emergency Parking Lot | |
| | FM - Dexterra Office | FM Dexterra Office | To Level 1 Via Stairs #3 to Cafeteria | # 5 To Emergency Parking Lot | |
| | Laundry | FM Dexterra Office | To Level 1 Via Stairs #3 to Cafeteria | # 5 To Emergency Parking Lot | |
| | Kitchen | FM Dexterra Office | To Level 1 Via Stairs #3 to Cafeteria | # 5 To Emergency Parking Lot | |
| | Facility Services | Level 0 Staff Room | To Level 1 Via Stairs #3 to Cafeteria | # 5 To Emergency Parking Lot | |
| | MDR | Level 0 Staff Room | To Level 1 Via Stairs #3 to Cafeteria | # 5 To Emergency Parking Lot | |
| | Biomedical Engineering | Level 0 Staff Room | To Level 1 Via Stairs #3 to Cafeteria | # 5 To Emergency Parking Lot | |
| | Materials Management | Level 0 Staff Room | To Level 1 Via Stairs #3 to Cafeteria | # 5 To Emergency Parking Lot | |
| 1 | Intensive Care Unit | Work Area | Ambulance Bay | Emergency Parking Lot | |
| | Emergency | Work Area | Ambulance Bay | Emergency Parking Lot | |
| | Laboratory | Main Lab work area | Diagnostics to Ambulance Bay | Emergency Parking Lot | |
| | Diagnostic Imaging | Work Area | Sacred Space | # 3 To Emergency Parking Lot | |
| | Outpatient Lab | Main Lab work area | Sacred Space | # 3 To Emergency Parking Lot | |
| | Cafeteria | Dining Hall | Sacred Space | # 3 To Emergency Parking Lot | |
| | Indigenous Wellness Program | Reception Lounge | Sacred Space | # 3 To Emergency Parking Lot | |
| | Reception | Reception Lounge | Sacred Space | # 3 To Emergency Parking Lot | |
| | Ambulatory Care (ACC) | Work Area | Ambulatory Care Waiting Room 1 | # 5 To Staff Parking Lot | |
| | Medical Day Care | Work Area | Ambulatory Care Waiting Room 2 | # 5 To Staff Parking Lot | |
| | Dialysis | Work Area | Ambulatory Care Waiting Room 3 | # 5 To Staff Parking Lot | |
| | Pharmacy | Work Area | Ambulatory Care Waiting Room 3 | # 5 To Staff Parking Lot | |
| | 2 | Administration | Administration Desk | Main Level Ambulance Bay | # 2 To Emergency Parking Lot |
| Computer Services | | Administration Desk | Main Level Ambulance Bay | # 2 To Emergency Parking Lot | |
| CHIRP Coordinator | | Administration Desk | Main Level Ambulance Bay | # 2 To Emergency Parking Lot | |
| Health Records | | Administration Desk | Main Level Ambulance Bay | # 2 To Emergency Parking Lot | |
| Staff Development | | Administration Desk | Main Level Ambulance Bay | # 2 To Emergency Parking Lot | |
| Stanton Foundation | | Administration Desk | Main Level Ambulance Bay | # 2 To Emergency Parking Lot | |
| Transitional Care Planning | | Administration Desk | Main Level Ambulance Bay | # 2 To Emergency Parking Lot | |
| Obstetrics | | Work Area | To Level 1 Via Stairs #4 to Cafeteria | # 5 To Staff Parking Lot | |
| OR/PARR | | Work Area | Ambulance Bay | Emergency Parking Lot | |
| Day Procedures | | Work Area | To Level 1 Via Stairs #1 to Cafeteria | # 5 To Staff Parking Lot | |
| Peds | | Work Area | To Level 1 Via Stairs #1 to Cafeteria | # 5 To Staff Parking Lot | |
| 3 | | Inpatient Rehabilitation | Clinical Touch Down Station | To Level 1 Via Stairs #1 to Cafeteria | Stairs # 1 To Emergency Parking Lot |
| | | Psychiatry | Work Station | To Level 1 Via Stairs #1 to Cafeteria | Stairs # 1 To Emergency Parking Lot |
| 4 | Medicine North | Work Area | Secondary Work Station | Stairs # 3 to Emergency Parking Lot | |
| | Medicine South | Work Area | Secondary Work Station | Stairs # 3 to Emergency Parking Lot | |
| 5 | Surgery | Work Area | Secondary Work Station | Stairs # 3 to Emergency Parking Lot | |
| | ECU | Work Area | Secondary Work Station | Stairs # 3 to Emergency Parking Lot | |

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Stanton Facility Services (1)
Med-Response - (1)

Dexterra Radios are set as follows:

Security - Channel 1

Maintenance - Channel 3

Satellite Phones

Four satellite phones will be distributed by Stanton Facility Services (or designate) to:

Incident Command Center (ICC) - (1)

Emergency Department - (1)

Patient Care Coordinator – (1)

Med-Response - (1) (Bio-Med's Handheld)

TRAFFIC CONTROL

Internal Traffic Flow and Control

- **Staff must always carry ID cards** since the hospital will be in lockdown and each unit door will be locked.
- Internal traffic control will be controlled / maintained by Dexterra security. All entrances will be monitored by Security cameras.
- Unit Managers / Fire Wardens (or designates) will assist with patient movement and instruction, as directed by the Incident Commander, CFW or Fire Chief.

External Traffic Flow and Control

- The Main Entrance will be occupied by YK Fire Department
- Staff reporting for duty shall strictly park in the main/front parking lot. The Emergency parking lot will be used for evacuation staging.
- Staff shall report to duty strictly using the Staff Entrance on level 0 and level 0.5. If those entrances are unusable due to the reason for evacuation, staff will be instructed on how to enter the building when they are called in.
- All staff vehicles shall be cleared from the Emergency Parking Lot immediately. Patient's family/escorts will be asked to move vehicles.
- Non-ambulatory patients shall be evacuated via ambulance from the ambulance bay.

- Traffic controls will be established at both access roads to the hospital to control traffic flow onto the hospital grounds. If needed, additional traffic control will be set up at the ambulance bay entrance by Stanton Facility Services who will act as traffic control officers to facilitate the flow of emergency vehicles.
- Only authorized personnel will be permitted entrance to the hospital grounds. All staff must be prepared to show their hospital ID to the traffic control officers to gain access onto the hospital grounds.

PERFORMANCE MEASURES:

NA

CROSS-REFERENCES:

NA

ATTACHMENTS:

NA

REFERENCES:

- National Fire Code Canada 2015
- City of Yellowknife Emergency Measures Plan – City of Yellowknife. Version 2016
- Fire Safety Plan for Stanton Territorial Hospital – National Fire and Safety Planners. Version 10.17.2018
- NTHSSA-Stanton Code Black Procedure
- NTHSSA-Stanton Code Brown Procedure
- NTHSSA-Stanton Code Red Procedure

APPROVAL:

Date

24 May 2019
