



CODE GREEN – INTERNAL DISASTER

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MANUAL: Emergency Procedures	SECTION: Codes

VALUE STATEMENT

In keeping with its value of *Excellence*, the organization is committed to ensuring that procedures are in place in the event of an emergency.

OBJECTIVE

The purpose of Code Green is to provide procedures/guidelines for responses to an internal disaster.

DEFINITIONS

'Command Centre': The Command Centre's responsibilities are generally executive in nature and are designed to develop, direct, and maintain a viable organization during the disaster. The Centre also functions to keep the organization coordinated with other agencies.

- At St. Joseph's Continuing Care Centre, the Command Centre is the reception area. In the event this is inaccessible the alternative location is the HUB.
- At St. Joseph's Villa, the Command Centre is the reception area. In the event this is inaccessible the alternative location is Lakeview Nursing Station.
- At Villa St Gabriel Villa, the Command Centre is the reception area. In the event this is inaccessible the alternative location is Whitson Nursing Station.

'Emergency Response Boss': is the individual in command who has the authority to activate the Emergency Preparedness plan. They may initiate evacuation of the facility in the event of an emergency, in consultation with the advice of the Community Emergency Response Coordinator/Fire Department. The 1st person to arrive at the facility assumes the role of Emergency Response Boss until another individual further up the hierarchy replaces them. The next highest person on the hierarchy assumes the role of the Scene Captain and reports to the scene of the event.

'Emergency Site Evacuation': moving patients/residents from room or area of the emergency – usually during a fire to a safer area within the same section and floor.

'Internal Disaster': a situation requiring the immediate introduction of measures on a moderate or wide scale basis in order to ensure patient/resident and staff safety. An internal disaster may be due to internal or external causes and may require partial or complete evacuation of the health care facility.

'Lateral Evacuation': removal of patients/residents in an affected area to a safe area on the same floor, beyond fire barrier door.

'Scene Captain': is the individual who responds to the scene and is responsible for the events at the scene. The Scene Captain will communicate with the Emergency Response Boss and take direction from the Emergency Response Boss.

'Total/Complete Evacuation': removal of all patients/residents or occupants from the building.

'Vertical Evacuation': removal of patients/residents from an affected or threatened floor to a safe area on another level within the building.

POLICY

Types of Evacuation Plans

An Evacuation Plan is required when some or all of the patient/residents/staff population must be evacuated for their own safety for precautionary measures or due to a crisis situation. There are two types of evacuations - crisis and precautionary.

1. Crisis Evacuations are precipitated by a clear and immediate threat (i.e. massive gas leak, rapidly spreading fire). Immediate removal of patients/residents and staff from the threat is necessary to prevent injury or loss of life.
2. Precautionary Evacuations usually occur as a result of an event in which there is some lead-time before the threat is imminent (i.e. rising floodwaters, fumes from a toxic spill). However, total evacuation of the building is usually necessary.

Levels of Code Green

The decision to activate a Code Green and the extent to which the Code Green is activated is the responsibility of the Emergency Response Boss (if immediate response is required). There are 3 levels of Code Green:

1. Code Green - Alert
 - Prepare and/or perform partial evacuation (if deemed necessary and/or prepare for total evacuation).
2. Code Green – Stat
 - Total Evacuation
3. Code Green Cancelled

The following is a hierarchy as to who is in charge during an emergency for those present on site:

Hierarchy of Authority during an emergency:

- VP of Clinical Services at SJCCC or the Site Administrator at SJV/VSGV;
- DOC;
- ADOC;
- Charge RN; and
- RPN.

Brigade Members Include:

Day Shift/Afternoon Shift

- SJCCC:
 - 2 RPNs from each unit;
 - Two Allied Health; and
 - All Maintenance Staff.
- SJV:
 - Personal Care Assistant (#1) from Sunnyside and Lakeview;
 - One Food Service Staff – Hillcrest;
 - One Life Enrichment staff;
 - One Laundry Staff;
 - One Maintenance Staff;

- *all of the above will be designated on the staff schedules per shift/per day;
- *Personal Care Assistant (#1) from Hillcrest – will report immediately to the top of the centre staircase when the fire alarm is activated to ensure that no residents attempt to go down the stairs when the maglocks release. If the fire is in Hillcrest, then the Personal Care Assistant (#1) from Sunnyside will report immediately to the top of the centre staircase.
- VSGV:
 - Day Shift / Afternoon Shift;
 - Personal Care Assistant (#1) from High Falls and White Water;
 - One Food Service Staff;
 - One Life Enrichment staff;
 - One Laundry Staff;
 - One Maintenance Staff;
 - *all of the above will be designated on the staff schedules per shift/per day.

Nightshift

- When a Code Green is in effect, it is assumed that all night shift staff members will respond to the Code Green.

Evacuation Priorities

- 1st Priority: Patients/Residents/Visitors in Immediate Danger Areas
- 2nd Priority: Ambulatory Patients/Residents
- 3rd Priority: Non-Ambulatory Patients/Residents

PROCEDURE

Internal Disaster Scenarios

Fire

Evacuation due to a fire may be a partial or complete evacuation of the premises. The evacuation plan for fire is not complete without referring to the Code Red plan.

Bomb Threat

Evacuation due to a bomb threat should be done as quickly and as safely as possible since accuracy of caller shouldn't be relied on with regard to the time of detonation. Refer to Code Black plan.

System Failure (Heat or Water)

Evacuation due to major systems failure (i.e. extended period of no heat and/or no water) could be done gradually since there is no immediate threat to patient/residents/staff safety.

Environmental Hazard

This situation may or may not result in an evacuation (i.e. if it was externally contaminated air, then the External Air Exclusion protocol would be followed). However, if the external air contaminate was heavier than air, flammable, explosive or toxic gases have entered the municipal sewer system, and then the immediate total evacuation of the building would probably be required.

External Air Exclusion Plan

External air exclusion restricts the entry of externally contaminated air by shutting down air exchange systems and allows the patient/resident/staff population to exist within the volume of non-affected air contained within the building. Refer to Code Orange plan.

Patient/Resident Areas – Methods of Evacuation

Emergency Site and Lateral evacuation decisions will be initiated by staff on the scene when it is felt that patients/residents/staff remaining at their present location may be in jeopardy.

Total, Complete or Vertical evacuation is a decision made ONLY by the Emergency Response Boss and/or Police/Fire Department.

Emergency Site and/or Lateral Evacuation

1. Remove patients/residents who are in immediate danger.
2. When a room has been evacuated, close the door and move the REMAR marker to indicate the room is empty.

Note: A staff member in the evacuation site should be ready to receive the patients/residents from the affected area and assist in recording and controlling the whereabouts of evacuated patients/residents.

Vertical Evacuation

1. Vertical evacuation of patients/residents should be initiated upon the order of the Emergency Response Boss.
2. Evacuation must be to lower floor. The area immediately below the source of the situation can be used initially to move residents to a safe area. Floors are fire rated for a short period of time.

Note: Vertical Evacuations are in the same order as for horizontal evacuations.

Response of Staff When Code Green is Called

1. All on duty staff to report back to their work area via the stairs if it is safe to do so, otherwise report to the nearest Staff Pool or Command Centre.
2. Staff within an active Unit/Service area will respond to Code Green protocol as directed below.

General Guidelines for Evacuation Procedures

Code Green- Alert

The nurse in charge will ensure that:

1. Patients/Residents and visitors are reassured and given clear instructions of their role.
2. Patients/Residents are brought to a designated area, to enable staff to quickly ascertain if all are present.
3. Patients/Residents are accounted for by using the patient /resident list posted next to the Medication Room in each area.
4. Staff is accounted for using the staff assignment sheets. Visitors are documented on this form as well.
5. Delegate personnel to collect all patient/resident charts, patient/resident lists located beside the medication room and medications, if safe to do so.
6. Prior to Charge Person's departure, ensure that no patients/residents, visitors or staff is left on the unit using ward plan and census sheet. Bring walkie-talkies.
7. Send staff/visitors list and patient/resident list to the area housing the patients/residents temporarily due to the evacuation.
8. Report to Command Centre (ie. location of patients/residents/staff/visitors) and whether all are accounted for.

Nursing Staff

1. Direct any visitors to stay in dining rooms until evacuated.
2. Assist with the evacuation of ambulatory, non-ambulatory residents and visitors as delegated by Charge Person.

When Evacuation Orders Have Been Given

The Scene Captain Will:

1. By means of a walkie talkie, request assistance as required from the Command Centre.
2. Shut off all equipment.
3. Coordinate the evacuation of patients/residents, staff and visitors.
4. Leave all lights on.
5. Adjust evacuation tag on doors of patient/resident rooms to indicate that they have been searched and evacuated.

All employees

1. Be available to assist. Employees may not be working in their typical roles or areas, nor will they necessarily be working for their usual supervisors.
2. Determine what your responsibilities and accountability will be during the disaster.
3. Keep telephone lines clear.
4. Do not use elevators.
5. All staff called in, or those working beyond their normal shift hours, will report hours worked to their supervisor/manager before leaving the facility (a sign in/out sheet will be provided).

General Disaster Procedures

1. During regular hours all Managers/Designates will report to the Command Centre for updates/directions. They will discuss launching of the fan out list after hours and weekends. The Administrator on call will call in Managers/Designates to assist with disaster management as needed.
2. All entrances will be secured.
3. Two way portable radios will be provided. If unable to reach an area, send a runner with the message. Avoid using the telephone unless your call is very urgent. Do not leave messages on voice mail during a disaster.
4. All incoming calls regarding the disaster will be directed to the Command Centre.
5. In case of a municipal emergency – i.e. loss of power etc., tune into local radio or TV

stations for details and updates.

6. If the Code Green announcement does not involve your area, remain alert for further instructions. If the crisis is not over when your shift ends do not leave your work area until you are relieved.
7. It is important to listen for directions over the PA system and from the person in charge of your area.

Evacuation Procedures: Code Green - Stat

If the order to totally evacuate (Code Green - Stat) is given (note: only the Emergency Response Boss and/or Police/Fire departments can do this), the Emergency Response Boss will insert a key at any pull-station and activate the stage 2 alarm in which the bells will sound at one hundred and twenty (120) strokes per minute continuously.

1. The Emergency Response Boss designates a recorder.
2. Recorder enters time that each task is delegated and time it is completed, in the *Command Centre Check List*.
3. Item numbers are assigned in the order that tasks are delegated and the same number is used on the log.

Scene Captain Responsibilities

1. Put on a fire vest and retrieve 2 way radio.
2. Report to the scene of the emergency and take charge until relieved by someone in a higher position of authority.
3. Provide confirmation and direction to call and confirm that 911 has been called if emergency services are required.
4. Provide update on situation to Emergency Response Boss via 2 way radio.
5. Coordinate horizontal evacuation and staff at the scene.
6. Depending on the time of the emergency, assign staff to monitor unlocked exterior doors.
7. Request additional personnel, from staff pool by contacting Emergency Response Boss via 2 way radio.

Receptionist Responsibilities

1. If area in danger; relocate switchboard to the secondary Command Centre.
2. Direct all calls regarding the emergency to the Command Centre.
3. Keep phone lines clear.
4. CEO/Designate Responsibilities Depending on the extent and duration of the emergency, families of residents and the media may be instructed to wait at an alternate site.

5. Obtain information from the Command Centre.
6. Provide accurate information to media.
7. Provide communication to all sites.
8. Impart risk communication messages.

First Response in All Other Areas

All clinical areas on each floor:

1. Designate staff to monitor traffic flow at doors to stairwell. Visitors, staff and clients must wait either for the 'All Clear' or for further instructions on the overhead page before movement is resumed within the building.

REFERENCES

Command Centre Check List
Disaster Box Contents
Evacuation Techniques
Holding Area Check Sheet
Managing Care and Services: Task and Responsibilities
Pre-Planned Emergency Transportation
Transfer & Discharge Record
Triage Check Sheet
Visitor/Staff Registry
Staff Pool Assignment Sheet
Initial Disaster Call Information
Department Fan Out Record
Disaster Response Reception Log

Gatekeeper: Site Administrator, VSGV	Last Review Date: Apr 21, 2022
Next Review Date: Apr 21, 2023	Last Revision Date: November 7, 2017

COMMAND CENTRE CHECK LIST

Item #	Time Start	Time End	Task
			Initial response to emergency (i.e. REACT) <ul style="list-style-type: none"> • Rescue of victims • Horizontal evacuation to safe area • Initiate resident listing on all floors to account for residents, visitors and staff. Notify authorities of missing persons
			Ensure that the Emergency Response Boss and Emergency Response Scene Captain are wearing safety vests and are equipped with hand-held radio to communicate with each other.
			Ensure that one person has overall charge of the plan (Emergency Response Boss) <ul style="list-style-type: none"> • Provide report to Emergency Services upon their arrival and maintain communication with the Emergency Response Scene Captain
			If Emergency Services are present, inform them of the designated triage areas and holder areas.
			Designate someone to establish an Assessment and Treatment Centre. <ul style="list-style-type: none"> • This person must take a hand-held radio from the command centre, and the ‘triage’ package from the disaster box, which contains red, yellow, and white tags, as well as a supply of transfer/discharge records for tracking which residents were transported to hospital from triage. • Triage and categorization of injured residents as follows: <ul style="list-style-type: none"> ○ Uninjured and in no need of medical assistance – green tag ○ Injured and in need of immediate transfer to hospital – red tag ○ Injured and in need of eventual transfer to hospital - yellow tag ○ Deceased and in need of transfer to temporary morgue – white tag ○ Contact Emergency Response Boss to send additional staff members from staff pool as needed
			Designate and establish a central communication area (primary or secondary command centre) as follows: <ul style="list-style-type: none"> • Retrieve disaster box • Designate an individual responsible for the functions of the command centre • Post ‘command centre’ sign • Post ‘exit’ signs • Post directional arrows leading to holding area Centralize internal communication • Designate a runner Designate someone to record the emergency response activities on the log.

			Establish initial brief meeting of key people, if time permits <ul style="list-style-type: none"> • Determine the extent of the emergency • Set initial priorities • Establish temporary morgue, if need is identified.
			<ul style="list-style-type: none"> • Arrange where evacuees are to go and delegate someone to set up and take charge of the area. • This person must take a hand-held radio from the command centre and the 'holding area' package from the disaster box, which contains yellow 'caution' tape and transfer/discharge records. • All residents transported to receiving centres must be recorded on the forms along with the place they were sent and their triage tag number. • Assign necessary personnel to the appropriate mean of transportation. • Ensure sufficient medical documentation accompanies residents. • Contact Emergency Response Boss or command centre to send additional staff members from staff pool as needed.
			Have the command centre initiate phase 1 of the fan-out system. The command centre must inform the staff to report to the designated holding area upon their arrival and to bring their nametag.
			Contact administration of receiving centres (see Code Green protocols).
			Arrange transportation of residents with the Emergency Services personnel and partnering agencies according to pre-established partnerships.
			Announce 'Code Green' overhead and activate stage -2 alarm (as appropriate) to initiate vertical evacuation. <ul style="list-style-type: none"> • Delegate someone to man the exit to whichever stairwells are being used for vertical evacuation. This person must obtain green triage tags from the disaster box to tag any uninjured residents who will be going to the holding area. Another staff member must escort injured residents to the triage area where an appropriate tag will be placed on the resident. • Ensure residents being evacuated are properly clothed and covered as appropriate. • Ensure that all residents are individually identified, including condition and diet (e.g. tags or resident identification bands)
			Ensure parking area is clear to allow sufficient room for evacuating and emergency vehicles.
			Ensure that one staff member in each area is maintaining resident head count.
			Double-check all evacuated areas to ensure they are cleared.
			Compare resident, visitor, and staff listings from all floors with the transfer/discharge records from the triage and holding areas to ensure that all individuals are accounted for. Notify authorities of missing persons.
			Assign personnel as appropriate to inform families of situation by telephone and to handle telephone inquiries from families.
			Send all medically unstable, complex, or palliative resident to hospital Contact Home and Community Care for placement of residents in other long term care facilities.

			Ensure that families who decide to take responsibility for resident/patients are properly informed as to the condition of the resident, receive the necessary medications and equipment, and are requested to leave a forwarding address.
			Restrict building to all unauthorized persons.
Item #	Time Start	Time End	Task
			Notify advisory physician and attending physicians of the situation.
			Make final check of empty building to ensure that all appropriate equipment is turned off, heat is lowered, windows and doors are closed and locked.
			Notify police that building is evacuated or with minimal staff on duty.
			Obtain security guards if appropriate.
			Post signs on door indicating whereabouts and phone number.
			Contact insurance agency.
			Brief meeting of key individuals at evacuation site: <ul style="list-style-type: none"> • Where to send residents • Staff and equipment required at each receiving centre • See Managing Care & services checklist

DISASTER BOX CONTENTS

LOCATION: Each Command Centre

Tools within Disaster Box

1. Command Centre Checklist
2. Emergency Codes
3. Triage Tags
4. Code Green Check Sheets (Transfer and Discharge Record, Visitor/Staff Registry, Managing Care and Services, Triage Check Sheet, Holding Area Check Sheet)
5. Stage 2 Clef Key
6. Signs (Command Centre, Holding Area, Triage Area)
7. Staff Assignment sheet
8. Portable Radio
9. Tags or labels
10. Stationary (Pens, markers, clip boards, scissors, paper)
11. 3 Fluorescent vests
12. Priority Phone numbers
13. Staff fan out list

Visitor/Staff Registry

Visitors			Staff	
Name	Location		Name	Location
1.			1.	
2.			2.	
3.			3.	
4.			4.	
5.			5.	
6.			6.	
7.			7.	
8.			8.	
9.			9.	
10.			10.	
11.			11.	
12.			12.	
13.			13.	
14.			14.	
15.			15.	
16.			16.	
17.			17.	
18.			18.	
19.			19.	
20.			20.	
21.			21.	
22.			22.	
23.			23.	
24.			24.	
25.			25.	
26.			26.	
27.			27.	
28.			28.	
29.			29.	
30.			30.	
31.			31.	
32.			32.	
33.			33.	
34.			34.	
35.			35.	

Date: _____ Time: _____ Signature: _____

Pre-Planned Emergency Transportation

Transportation has been pre-arranged with the following agencies in the event of an evacuation:

<i>Transportation Services for Evacuation</i>				
	Mode	Organization	Telephone Number	Capacity Available
	Ambulance			
	Bus			
	Handi Transit			
	Private Vehicle			
	Truck – for moving equipment			
	Taxi			

MANAGING CARE AND SERVICES**Tasks and Responsibilities**

✓	Task	Initial
CLINICAL SERVICES		
If evacuating the following entities need to be contacted:		
	Health Sciences North (705) 523-7100 <ul style="list-style-type: none"> • Provide a heads up that facility is evacuating and some residents, family, visitors, or staff may be transferred to their site for treatment (if injured) • Some residents may be transferred due to frail diagnosis 	
	Medigas (for oxygen)	
	Pharmacy	
	Laboratory	
	Inform facility physician of the status and location of the residents (arrange for adequate medical coverage by the physicians at the evacuation site/facility site during the disaster) - determine with physician whether medications can be reduced to high priority only and determine actual medications that must be maintained (communicate to pharmacy)	
	Medical Supply Company (under contract) for delivery of additional medical supplies at evacuation site	
Items that need to be transferred to alternative site for care of residents:		
Clinical Supplies: (to be taken from facility only in the event of a controlled emergency)		
	Medication Carts (Emergency Supply Box (ESB); Narcotics)	
	Resident charts	
	Resident diet lists	
	Pens, paper supply	
	Current up-to-date list of residents per neighbourhood with POA contacts	
	Need remote access to PCC enabled, if computers and internet accessible)	
	Thermometres	
	Blood-glucose monitoring equipment	
	Dressings	
	Briefs (various sizes)	
	Peri-care wipes	
	Toothbrush/paste, mouth rinse (personal hygiene and grooming supplies)	
	Essential clothing and appliances ie. glasses, dentures, hearing aids, to accompany residents whenever possible Note: if unable to access resident's belongings arrange for alternate supplies of clothing and personal hygiene items.	
SUPPORT SERVICES		
If evacuating the following entities need to be contacted:		
	Retrieve Fire Safety Plan and floor plans of the facility that indicate shut off valves for water, gas, power and line locations into building	
	Contact appropriate resources to resolve issue ie. mechanical, plumbing, electrical, etc.	
	Contact IT services regarding status of computer, phones, fax, printers, nurse call, etc.	
	Cleaning Supply Company (under contract) – in the event other supplies, disposal items required at evacuation site. Determine chemicals required for cleaning at evacuation site and bring what is readily available and/or have delivered by supplier.	

✓	Task	Initial
	Contact Waste Management contractor in the event garbage pick-up suspended, more bins required or waste collection required at evacuation site.	
	Coordinate with utility agencies to restore and/or maintain supply of fuel, power, and water	
	Advise Command Centre of timelines for repairs to equipment	
<i>Maintenance Service responsibilities:</i>		
	If there is potential for a natural gas leak or other potential danger related to gas, instruct staff to shut off the gas supply if not already triggered by alarm	
	Establish plans for proper, safe, and sanitary interim storage of waste, including liquid waste should this become necessary	
	Retrieve Maintenance List of suppliers for equipment service/maintenance and purchasing of such.	
	Obtain emergency equipment – master keys, flashlights (additional batteries), walkie/talkies from maintenance area, extension cords, etc.	
	Assist as directed to work with utility agencies, to restore and/or maintain supply of fuel, power and water	
	Assist as directed to carry out the following: repair mechanical and electrical breakdowns (resetting panels, etc.); operate emergency equipment ie generator	
	Assist to keep grounds and entrances clear of unnecessary traffic; undertake security rounds if instructed; move furniture or other items, etc.	
<i>Housekeeping/Laundry responsibilities:</i>		
	Sudbury Hospital Services (ongoing linen source – dependent upon timelines of evacuation) or pre-arranged laundry mat facility to wash and dry linen.	
	Establish cleaning priorities ie. at facility and evacuation site	
	Gather necessary equipment and supplies to be transported to evacuation site once priorities for cleaning have been determined	
	Assist with moving beds and supplies to alternate areas as directed	
Items that need to be transferred to alternative site for care of residents:		
	Mattresses	
	Blankets (x 128), comforters	
	Pillows (x 128)	
	Gowns	
	Linen supplies (ie towels, hand towels, face cloths, sheets/pillow cases)	
	Adult clothing protectors	
	Laundry bags for soiled linen	
	Soiled carts	
	Laundry trolley for soiled linen collection	
	Garbage bags	
	Note: Access Pandemic Supplies and utilize items required ie. water	
FOOD SERVICES		
If evacuating the following entities need to be contacted:		
	Sudbury Hospital Services (ongoing food source – dependent upon timelines)	
	Contact Public Health	
	Contact Food suppliers in the event other supplies, disposal items, additional food items are required at evacuation site	
	Contact food Refrigeration Company to provide a refrigeration vehicle for back up storage of refrigerated/freezer items	

✓	Task	Initial
	Contact sources ie. catering company and food equipment rental outlet, for additional food containers and equipment for facility use and/or evacuation site.	
Items that need to be transferred to alternative site for care of residents:		
	Determine food requirements necessary to feed residents, staff and others that are at the evacuation site. Call for delivery services from local establishments in the area.	
	Estimate the number of persons to be fed during the emergency.	
	Supply of disposable dishware, utensils, napkins, etc.	
	Access Pandemic Supplies and utilize items required ie. water	
	Transport beverages for residents and staff and any package snack food items for immediate consumption at evacuation site	
Checklist:		
	Take an inventory and plan up to a 3-day contingency menu with the equipment and supplies available	
	Ensure that a three day supply of disposable dishes and cutlery is available. If not, contact supply for an emergency delivery to the evacuation site and/or facility.	
	Verify that the food inventory permits preparation of the planned menu for residents and staff, if not, contact suppliers or change menu to match food available.	
	Ensure that a contingency plan is developed (in advance) for dealing with texture modifications if no power is available on site and/or not available at evacuation site.	
	Secure a safe supply of drinking water.	
	Establish a procedure to wash and sanitize pots and pans at facility if kitchen is not available and/or at evacuation site.	
	Establish linen priorities ie. dish cloths, tea towels	
	Ensure proper insulated food containers are available for food transportation	
	Establish emergency food area layout and serving line arrangements at evacuation site	
	Use refrigerated food on hand first, then food from unpowered freezers and lastly disaster reserve supplies. (pandemic supplies)	
	Note: Ensure to monitor holding temperatures and the length of time food is held in the danger zone (45°F to 140°F). Discard any food held in the danger zone more than 4 hrs.	

Triage Check sheet**Assessment and Treatment Centre**

Checklist:	
	Retrieve the two way radio from the command centre
	Proceed to the area that the Emergency Response Boss has designated as the triage area and assume the role of leader in that area.
	Put up signage for Triage Centre
	As injured residents and staff arrive, treat minor injuries and manage serious injuries until Emergency Medical Services arrive.
	<p>Use the red, yellow, and white tags : from the triage package to categorize injured individuals as follows:</p> <ul style="list-style-type: none"> • Green – Uninjured and no need for treatment • Red – Critical or Urgent need of immediate treatment and transfer to hospital • Yellow – Injured but not Urgent and in need of eventual transfer to hospital • White - Deceased and in need of transfer to morgue
	Ensure that the individual's identifying information is entered on the triage tag before they are transferred.
	As residents are transferred to hospital, record their triage tag number, name, and destination on the Transfer/Discharge Record.
	If needed, contact Emergency Response Boss or Command Centre to send additional staff members from the staff pool for assistance.

Holding Area Check sheet**Holding Area**

Checklist:	
	Retrieve the hand-held radio from the Command Centre
	Proceed to the area that the Emergency Response Boss has designated as the 'holding area' and assume the role of leader in that area.
	Put on the neon vest from the disaster box
	Indicate the boundaries of the holding area using the yellow 'caution' tape from the 'holding area' package.
	As evacuated residents begin arriving in the holding area, ensure that they have been tagged with a green triage tag. If they are injured have a staff member escort them to the triage area.
	Record the residents' identifying information from the green triage tags, including the tag number, onto the Transfer/Discharge Record.
	As the buses begin to arrive to transport residents, have staff assist them with boarding. The destination of each resident must be recorded on the Transfer/Discharge Record next to his or her name/triage tag number.
	If possible, ensure that sufficient medical documentation accompanies residents.
	Send staff with residents as per need and record the names of all staff members leaving the grounds on the bottom of the Transfer/Discharge Record.
	Contact Emergency Response Boss or command centre to send additional staff members from staff pool as needed

Initial Disaster Call Information

1. Date: _____ Time: _____

2. Call Received by: _____

3. Name of Caller: _____

telephone no: _____

4. Description of Disaster:

5. Code Orange Alert initiated at: Date: _____ Time: _____

Disaster Information/Notification Checklist

1. Date: _____ Time: _____

2. Name of Caller: _____

3. What organization the caller works for: _____

4. Caller's call back phone # and extension: _____

5. Description of Disaster:

6. Where is the disaster? _____

7. Number of transfers anticipated: _____

8. Expected arrival time of first transfer: _____

9. Other pertinent information:

DISASTER RESPONSE RECEPTION LOG

TIME of Arrival	Resident/Casualty NAME (or Number)	STATUS			DISPOSITION*
		Good	Fair	Poor	

DEPARTMENT FAN OUT RECORD

DEPARTMENTAL FAN OUT RECORD FOR: _____

Name	Telephone	Time Called	ETA	On Scene	Not Available
Total # Expected:					