

Section:	Emergency Services	Number:	13.05
Approved By:	Senior Leadership Team	Date:	February 2026
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SUBJECT:	Code Green – Evacuation and Relocation		Page: 1 of 9

POLICY

The Home recognizes that emergencies may necessitate horizontal evacuation, vertical evacuation, relocation to another area within the Home, or relocation to an external site.

A Code Green represents an organized, coordinated response to protect life, maintain essential care and services, and ensure regulatory compliance. A Code Green may be initiated by the Charge Nurse, Management, or Emergency Services, and evacuation decisions may be directed by Emergency Responders.

PURPOSE

To ensure the safety, dignity, and continuity of care for all residents, visitors, and team members if an internal or external emergency requires a partial or total evacuation of Woodingford Lodge, in accordance with the Fixing Long-Term Care Act, 2021 (FLTCA) and Ontario Regulation 246/22.

EVACUATION AUTHORITY

An evacuation may be ordered by:

- Charge Nurse or Registered Team Member on Duty
- Management or Director of LTC
- Fire Department, Police or Other Emergency Responders

TYPES OF EVACUATION

The different types of evacuation that may be completed at Woodingford Lodge include:

- Horizontal Evacuation:
 - Movement of residents through fire-separated doors to another safe zone on the same floor
 - Fire separation doors subdivide the floor area into different emergency zones that will provide some degree of protection from smoke and emergency spread
 - Preferred method whenever safe and feasible as it can be done quickly and does not involve the use of stairs
- Vertical Evacuation:
 - More difficult method of evacuation as it involves movement of residents down stairwells to a lower floor or exterior
 - Elevators shall never used

- Residents shall never be moved above the emergency or below
- Total Evacuation:
 - If the smoke or emergency becomes too severe, then complete evacuation of Woodingford Lodge may occur
 - This will be determined by Management/Director or Emergency Services

PRIORITY AND SEQUENCE OF EVACUATION

In most scenarios it is impossible to evacuate everyone from the building all at once and therefore the evacuation is completed in stages. An evacuation will require teamwork to efficiently move Residents from one area to another. Team members should organize themselves to carry out specific functions and conduct the evacuations in a sequence of priority:

1. Residents in immediate danger or at the point of origin
2. Ambulatory residents (organized and escorted in groups)
3. Residents using wheelchairs
4. Non-ambulatory and resistive residents

Rooms cleared during evacuation shall be clearly marked, and a final sweep conducted if safe to do so.

EVACUATION TECHNIQUES AND RESIDENT HANDLING

There are many techniques that can be used to move ambulatory and non-ambulatory residents in an emergency. Team members shall always demonstrate care and utilize appropriate client handling techniques. This approach will also depend on the urgency and severity of the situation.

Before performing any evacuation techniques, team members shall:

- Recognize their personal limitations and abilities
- Know the evacuation techniques available to use, see Attachment A

During an evacuation, team members shall:

- Team members shall use appropriate, safe resident-handling techniques
- Available aids such as walkers, wheelchairs, broda chairs and blankets shall be used
- Beds may only be used in limited circumstances where corridors allow
- Residents attached to medical devices (oxygen, IVs, catheters) shall be transported with required equipment where possible

ROLES AND RESPONSIBILITIES

1. Director/Manager/Registered Nurse in Charge:
 - a. Activate Code Green and coordinate response
 - b. Notify CAO of Oxford County and MLTC as required
 - c. Designate Person in Charge and central command area
 - d. Liaise with Emergency Services and receiving facilities (see relocation options in Emergency Binder)
 - e. Assign team member roles, track assignments and hours worked
 - f. Ensure resident headcounts and destination tracking

- g. Coordinate media communication if required
 - h. Utilize the *Relocation Checklist* (Attachment B)
2. Registered Team Members:
 - a. Implement evacuation procedures
 - b. Ensure all residents wear ID bracelets (located in emergency bins in documentation rooms)
 - c. Maintain accurate headcounts
 - d. Ensure charts and critical documentation accompany residents
 3. Front-Line Team Members:
 - a. Prepare residents for evacuation
 - b. Assist with evacuation process
 - c. Assist with transport and supervision as directed
 4. Support Services (Maintenance, Dietary, Housekeeping, Laundry, Recreation):
 - a. Assist with evacuation and resident support as directed
 - b. Secure equipment, linens, food and building systems where safe

RELOCATION AND TRANSPORTATION

When relocation outside of Woodingford Lodge is required:

- The Ministry of Long-Term Care shall be notified
- Receiving facilities and transportation providers shall be coordinated
- Residents shall remain individually identified at all times

Transfer of Medications and Critical Equipment:

- Medications, emergency drug boxes, and required medical supplies shall accompany residents
- Critical equipment (oxygen, mobility aids, specialty mattresses, feed equipment, etc.) shall be transferred where required to maintain care
- Responsibility for medication custody shall be clearly assigned

Emergency Binder (located in front office) has the following information in to support relocation/transportation:

- List of Resident items that are required at time of evacuation, shortly after evacuation and within the next couple of days
- Emergency contact phone numbers
- Pharmacy contact information
- Locations that will support residents and how many if required
- Food and supply contact information
- Local hospital contact information
- Transportation contact information

COMMUNICATION

1. Team Members:
 - a. Use of the auto-call system will be used to initiate a team member call out list when applicable

- b. Communication will be provided to team members in the most appropriate manner (auto-call system, email, direct phone calls, etc)
 - c. Communicate that following an evacuation or other major emergencies, all regular work schedules could be suspended indefinitely. The department supervisor/scheduling coordinator will be in contact with their team members.
2. Families of Residents:
- a. Families shall be informed of resident status and destination as soon as reasonably possible, using the auto-call system
 - b. Updates shall be provided to families on a routine basis to ensure that ongoing dialogue occurs
 - c. Visiting guidelines will be provided to family members
3. Communication with Residents:
- a. Residents shall be kept informed and reassured through the event
 - b. Employees of the facility will provide reassurance to Residents and assistance as required
4. News Media
- a. Communication with the news media is the responsibility of the Director of LTC for Oxford County
 - b. Team members are not communicating with the new media

RETURNING TO WOODINGFORD LODGE AND RESUMPTION OF NORMAL OPERATIONS

The return of residents shall only occur once Woodingford Lodge has been deemed safe and approved for occupancy.

1. Leadership Responsibilities:
- a. Notify the Ministry of Long-Term Care of the status of the evacuation and intent to return to Woodingford Lodge
 - b. Communicate to all team members of the planned return
 - c. Ensure appropriate staffing levels are met prior to return
 - d. Coordinate an orderly resident return
 - e. Notify practitioners and community partners (ie. Physiotherapy, Pro-Resp, etc)
 - f. Have a plan to ensure that all residents return to their correct neighbourhoods and rooms
 - g. Arrange for and ensure that supplies are delivered to each neighbourhood and resident rooms are stocked as required
 - h. Support resources shall be offered to team members impacted by the event
2. Nursing Department:
- a. All medications shall be reconciled and audited upon return
 - b. MAR's & TAR's shall be reviewed for accuracy and completeness
 - c. Medications are available from pharmacy
 - d. Clinical equipment shall be inspected, cleaned and returned to service
 - e. Help assist residents back to their correct neighbourhood and rooms
3. Scheduling Coordinators:
- a. Relief staffing shall be arranged for team members who worked extended hours

- b. Schedules shall be normalized as soon as feasible
4. Environmental Services/Maintenance:
 - a. Full cleaning and sanitation of affected areas
 - b. Laundering and replacement of linens as required
 - c. Verification that all systems and equipment are fully operations
5. Supervisor of Nutritional Services:
 - a. Notify dietary team members of planned return of Residents and help arrange staffing as required
 - b. Take an inventory of food supplies and contact appropriate providers to begin replenishing as necessary
 - c. Ensure all equipment is operable and returned to use
 - d. Begin menu planning (including special diets) and food preparations
6. Supervisor of Resident Programs:
 - a. Notify recreation team members of planned return of Residents and arrange staffing
 - b. Delegate team members to assist residents return where necessary
 - c. Support residents as required with the adjustment back to Woodingford Lodge
7. Resident and Family Support:
 - a. Monitor residents for physical and emotional impacts
 - b. Provide reassurance and communication to residents and families
 - c. Utilize Woodingford Lodge's Social Service Worker as required

DOCUMENTATION

- All actions taken during the Code Green shall be documented
- Critical Incident report completed and finalized for Ministry of Long-Term Care
- An internal debrief and review shall occur following the event for team members, families and residents
- Opportunities for improvement shall be identified and addressed

Attachment A - Techniques for Resident Evacuation**1. Side by Side (Semi-Ambulatory):**

- a. Rescuer stands beside the Resident, reaches around the back of the Resident and grasps their opposite wrist, placing that arm on the Resident's mid-section.
- b. Rescuer grasps Resident's other wrist and brings it to rest on the rescuer's midsection.
- c. Rescuer snugs the Resident close and walks to a safe area.

**2. Bear Hug (Semi-Ambulatory):**

- a. Rescuer stands being the Resident and place their arms under the Resident's armpits. Thes rescuer's hips and head should be kept off to one side to protect themselves from a kick or a head butt.
- b. Rescuer grasps the Resident's left and right wrists, crossing the arms in front.
- c. Rescuers can gently prod the Resident's legs in front to walk to a safe area.

**3. Cradle Drop (Non-Ambulatory):**

- a. Make sure the bed is stationary and will not move.
- b. Place a blanket on the floor, partly under the bed and past the head of the Resident.
- c. Rescuer kneels beside the bed with one leg raised closet to the Resident's head.
- d. Grip the Resident under the knees and shoulders.
- e. Lean back sliding the Resident to the edge of the bed.
- f. The rescuer rocks backsliding the Resident off the bed, cradling the resident into their lap.
- g. The rescuer controls the descent of the Resident to the floor. It is important to stress that team members control the descent, and do not resist it.
- h. Fold the blanket around the Resident and pull the Resident headfirst to a safe area.
- i. If speed is essential, use this technique without a blanket and drag the Resident to a safe area.



4. Swing Carry (Non-Ambulatory – Requires Two Rescuers):

- a. First rescuer raises the Resident to the sitting position.
- b. Second rescuer rotates the Resident's legs 90 degrees from the side of the bed and lowers them off the side of the bed.
- c. A rescuer sits on each side of the Resident, and the Resident's arms are placed on the shoulder of the rescuers.
- d. The rescuers place their arms around the Resident and grasp each other's upper arm. One of the rescuers must always maintain control of the Resident to prevent the Resident from falling to the floor.
- e. The rescuers pass their other hand under the Resident's knees and lock hands.
- f. Rescuers lift the Resident simultaneously and remove them to a safe area.

**5. Extremity Carry (Non-Ambulatory – Requires Two Rescuers):**

- a. One rescuer grasps the Resident's legs in the vicinity of the knees.
- b. The other rescuer places their arms under the Resident's arms and clasps their hands on the Resident's chest. Both rescuers are facing in the same direction.
- c. Both rescuers holding the Resident firmly on the order to "raise" or lift the Resident and move them to a safe area.



Attachment B - Resident Relocation Checklist:

Item:	Completed (Y/N):	By Whom:
Notify the Ministry of Long-Term Care (Emergency After Hours # 1-888-999-6973)		
Ensure that one person has been designated as being the "Person in Charge" Who: _____		
Designate a central area as control Where: _____		
Initiate Auto-Call for additional team member assistance, if required		
Determine destination of Residents being located (see next page)		
Decide how the Residents are to be transported How: _____		
Ensure parking area is clear to allow sufficient room for evacuating and emergency vehicles		
Establish liaison with administration of receiving facility Who: _____		
Ensure that all Residents are individually identified		
Ensure those Residents requiring special medical attention are designated to go to appropriate facility		
Ensure sufficient medical documentation accompanies Residents		
Ensure provisions for medication replacement is made if necessary		
Keep Residents completed informed of the situation		
Assign personnel as appropriate to inform families utilizing Auto-Call system and to handle telephone inquiries from families		
Ensure families who decide to take responsibility for Residents are properly informed as to the condition of the Resident, receive the necessary medications and equipment and are requested to leave contact information.		
Ensure a list is developed, by department, of the necessary equipment to be evacuated		
Notify the Medical Director of the situation		
Ensure a final check of the building is completed to ensure equipment is turned off and building is secured, if safe to do so		
Post signs on door indicating whereabouts and phone numbers		
Restrict access to the building from unauthorized persons		

