

EVACUATION, COMPLETE OR PARTIAL FACILITY

SCENARIO

There is a construction project in process at your facility. Upon digging, the operator ruptures the hospital water main, causing your facility's basement to flood. The two emergency generators are in a flooded section of the basement and have been rendered unusable. The power to the building has been interrupted, and the electric company has said it will be twelve or more hours before even partial restoration of services can be accomplished. Pharmacy services and the lab are located in the basement and cannot provide service due to flooding. Two facility workers are electrocuted while trying to restore power in the basement.

The media arrive at the facility and are demanding information

Total evacuation of the facility must occur immediately.

EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital have criteria and a rapid decision making process to determine the need for and activate the evacuation plan?

2. Does your hospital have a policy defining who has authority to order facility evacuation?

Does your hospital define the types of evacuation:

3.
 - Immediate vs. delayed?
 - Vertical, horizontal, total?

4. Does your hospital have an alert and notification procedure when the evacuation plan is activated, including internal and external authorities (local, county, state)?

5. Does your hospital have a procedure to rapidly notify local emergency management and other hospitals of the need for immediate evacuation of the hospital and ascertain their capacity to accept patients?

6. Does your hospital's evacuation plan include procedures for immediate, controlled, or planned evacuation of the facility for internal and external incidents?

7. Does your hospital's evacuation plan have evacuation priorities for patients and the facility (i.e., incident floor, top floor, critical care, general care, etc.)?

8. Does your hospital have evacuation procedures and patient tracking systems for ambulatory patients, semi-ambulatory patients, and non-ambulatory patients?

9. Does your hospital have a plan to supplement staffing through call-backs or requesting other resources from the local emergency management agency/EMS/Fire/law enforcement?

10. Does your hospital have a process to facilitate transfer of individual patient information, medications, and valuables?

Does your hospital plan designate evacuation location and routing options, including:

11.
 - Within facility (atrium, auditorium, gym, etc.)?
 - External to facility (adjacent building, nursing home, other hospitals, schools, etc.)?

12. Does your hospital have multiple methods and equipment for evacuating patients (e.g., chairs, stretchers, SKED-type devices, blanket drag, multiple person carry, and/or single person carry)?

13. Does your hospital define and provide special equipment that may be needed during an evacuation (i.e., flashlights, headlamps, light sticks, etc.)?

14. Does your hospital have a process for initiating assembly area and holding area operations?

15. Does your hospital plan include coordination with ambulances/aero medical services and other transportation providers to ensure availability of necessary resources?

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INCIDENT PLANNING GUIDE

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16. Does your hospital consider the need for additional, out-of-area transportation and coordinate these requests with the local emergency management agency?

 17. Does your hospital have a procedure for rapid family notification?

 18. Does your hospital plan for regularly providing information and updates to the media?

 19. Does your hospital plan define personnel roles in the evacuation?

 20. Does your hospital provide a process for securing animal research areas?

 21. Does your hospital have a process to ensure accurate and continuous documentation?

 22. Does your hospital track all incident related expenses?

 23. Does your hospital prepare for long-term response integration with external agencies and healthcare facilities?

 24. Does your hospital have a process to reassign staff?

 25. Does your hospital identify potential alternate sites/staging areas to use while awaiting placement of patients in other facilities?

 26. Does your hospital have adequate staff and supplies for alternate sites until patients can be transferred to other facilities?

 27. Does your hospital have a process to maintain long-term patient tracking processes?

 28. Does your hospital have a process to maintain general and high risk area facility security?

Response & Recovery

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1. Does your hospital have the supplies, equipment and staffing to support the alternative evacuation location?

 2. Does your hospital have a process to salvage equipment remaining onsite?

 3. Does your hospital have a process to secure kitchen and laundry areas?

 4. Does your hospital have a process to secure diagnostic radiology areas/medications/isotopes?

 5. Does your hospital have a process to maintain HVAC control?

 6. Does your hospital have a plan to maintain traffic control on campus?

 7. Does your hospital have a process to support remaining staff?

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INCIDENT PLANNING GUIDE

Does your hospital have criteria for reopening facility and departments:

- 8.
- Partial or complete?
 - Certification by local authorities (i.e., public health, fire, governmental agencies)?
 - Legislated/regulatory considerations vs. psychological considerations?
 - Corporate influence considerations?
 - Funding?

Does your hospital have a process for notification of reopening to:

- 9.
- Staff?
 - Other hospitals/healthcare facilities?
 - Local EOC?
 - Media?
 - Patient families?

10. Does your hospital have a process to determine facility cleaning needs, including use of contract service assistance, if needed?

11. Does your hospital have a mechanism for support area restoration?

12. Does your hospital have a mechanism for clinical area restoration?

13. Does your hospital have a mechanism for outpatient service restoration?

14. Does your hospital have a mechanism for blood bank services restoration?

15. Does your hospital have a mechanism for animal lab restoration when indicated?

16. Does your hospital have a mechanism for HVAC and medical gases restoration?

17. Does your hospital have a mechanism for re-staffing?

18. Does your hospital have a mechanism for pharmacy restocking?

19. Does your hospital have a mechanism for food service restoration?

20. Does your hospital have a mechanism for linen service restoration?

21. Does your hospital have a process for return of equipment and supplies from holding site?

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INCIDENT PLANNING GUIDE

Does your hospital have procedures for repatriation of patients, including:

- Complying vs. dissenting patients?
 - Patient transportation coordination with sending hospital/healthcare facility?
 - Medical records management?
- 22.
- Transportation coordination?
 - Attending assignments?
 - Room assignments?
 - Patient re-registration?
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23. Does your hospital have a process for accurate expense and revenue loss tracking?

24. Does your hospital have a procedure for preparing and disseminating the after action report, and implementing improvement plan actions?

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INCIDENT RESPONSE GUIDE

Mission: To safely perform a complete or partial facility evacuation.

Directions

- Read this entire response guide and review incident management team chart
 - Use this response guide as a checklist to ensure all tasks are addressed and completed
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Objectives

- Maintain safety of patients, staff, visitors
 - Maintain life support functions
 - Conduct safe and rapid evacuation of the facility
 - Plan for patient repatriation and restoration of services
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Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- Activate the facility emergency operations plan and the Incident Command structure
- Appoint Command Staff and Section Chiefs
- Determine type of evacuation needed:
 - Immediate vs. delayed
 - Vertical, horizontal, complete
- Order the organized and timely evacuation of the facility

(PIO):

- Conduct regular media briefings on situation status and appropriate patient information
- Oversee patient family notifications of evacuation/transfer/early discharge

(Liaison Officer):

- Notify and regularly communicate with local emergency management agency, Fire, EMS and law enforcement about facility status and evacuation order

(Safety Officer):

- Oversee the immediate stabilization of the facility and basement flooding
 - Recommend areas for immediate evacuation to protect life
 - Ensure the safe evacuation of patients, staff and visitors
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EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT RESPONSE GUIDE

OPERATIONS

- Implement emergency life support procedures to sustain critical services (i.e., power, water, communications) until evacuation can be accomplished
 - Determine type of evacuation needed, in conjunction with the Incident Commander:
 - Immediate vs. delayed
 - Vertical, horizontal, complete
 - Implement planning for immediate evacuation of the facility
 - Prioritize patients/areas of the facility to be evacuated
 - Prepare patient records, medications and valuables for transfer
 - Confirm the transfer and timeline with accepting hospitals, providing patient information as appropriate
 - Discharge patients as appropriate
 - Establish a safe area for holding patients until transferred
 - Ensure patient records, medications and belongings are transferred with the patient
 - Secure the facility and restrict visitors and entry of non-essential personnel
 - Activate business continuity plans and procedures
 - Relocate hazardous materials from flooded areas to prevent area/facility contamination
 - Coordinate ambulances, aero medical services, and other transportation
 - Implement the evacuation plan and move patients and staff
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PLANNING

- Track patients and personnel including evacuation location and receiving facility
 - Establish operational periods, incident objectives and develop the Incident Action Plan, in collaboration with the Incident Commander
 - Ensure documentation of all actions and activities
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EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT RESPONSE GUIDE

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- Notify hospital Board, CEO and other internal authorities of situation status and evacuation

(Liaison):

- Integration with external agencies, including healthcare facilities

(PIO):

- Continue staff, patient, visitor and media briefings

(Safety Officer):

- Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

OPERATIONS

- Ensure appropriate patient care and management during evacuation
 - Continue facility security, traffic and crowd control
 - Ensure family notification of patient transfer
 - Continue facilitating discharges
 - Continue to communicate patient information and status to receiving facilities

PLANNING

- Continue patient and personnel tracking and documentation
 - Update and revise the Incident Action Plan
 - Ensure complete documentation of activities, decisions and actions

LOGISTICS

- Supply supplemental staffing to key areas to facilitate evacuation
 - Provide for staff food and water and rest periods
 - Monitor facility damage and initiate repairs, as appropriate, as long as it does not hinder evacuation of the facility
 - Initiate salvage operations of damaged areas and relocate equipment from evacuated areas to secure areas or to other facilities

EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT RESPONSE GUIDE

FINANCE/ADMINISTRATION

- Track costs and expenditures of response and evacuation
 - Track estimates of lost revenue due to evacuation of the facility
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Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

- Meet with Command Staff and Section Chiefs to update evacuation progress and situation status

(Liaison Officer):

- Continue to update local emergency management, Fire, EMS and law enforcement officials on situation status and evacuation progress

(Safety Officer):

- Continue ongoing evaluation of evacuation practices for health and safety issues related to staff, patients, and facility, and implement corrective actions
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OPERATIONS

- Ensure patient care and management for patients waiting evacuation
 - Secure all evacuated areas, equipment, supplies and medications
 - Continue business continuity and recovery actions
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PLANNING

- Continue to track patients and staff locations
 - Track materiel and equipment transferred to other hospitals
 - Prepare a demobilization plan and deactivate HCC positions and staff when they are no longer necessary
 - Discuss staff utilization and salary practices during evacuation and closure of the facility with Human Resources; provide information to employees when determined
 - Continue to ensure documentation of actions, decisions and activities
 - Update and revise the Incident Action Plan
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EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT RESPONSE GUIDE

LOGISTICS

- Maintain information technology security
 - Support evacuation of supplies (medical, food, water, other equipment)
 - Assess and secure utility systems
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FINANCE/ADMINISTRATION

- Continue to track and report response costs and expenditures and lost revenue
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Demobilization/System Recovery

COMMAND

(Incident Commander):

- Assess if criteria for partial or complete reopening of the facility is met, and order reopening and repatriation of patients
 - Oversee restoration of normal hospital operations

(PIO):

- Conduct final media briefing providing situation status, appropriate patient information and termination of the incident

(Liaison Officer):

- Notify local emergency management, fire and EMS of termination of the incident and reopening of the facility

(Safety Officer):

- Oversee the safe return to normal operations and repatriation of patients
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OPERATIONS

- Restore patient care and management activities
 - Repatriate evacuated patients
 - Re-establish visitation and non-essential services
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INCIDENT RESPONSE GUIDE

PLANNING

- Finalize the Incident Action Plan and demobilization plan
 - Compile a final report of the incident and hospital response and recovery operations
 - Ensure appropriate archiving of incident documentation
 - Write after-action report and corrective action plan to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
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LOGISTICS

- Implement and confirm facility cleaning and restoration, including:
 - Structure
 - Medical equipment certification
 - Provide debriefing and mental health support services for staff and patients
 - Inventory supplies, equipment, food, and water, and return to normal levels
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FINANCE/ADMINISTRATION

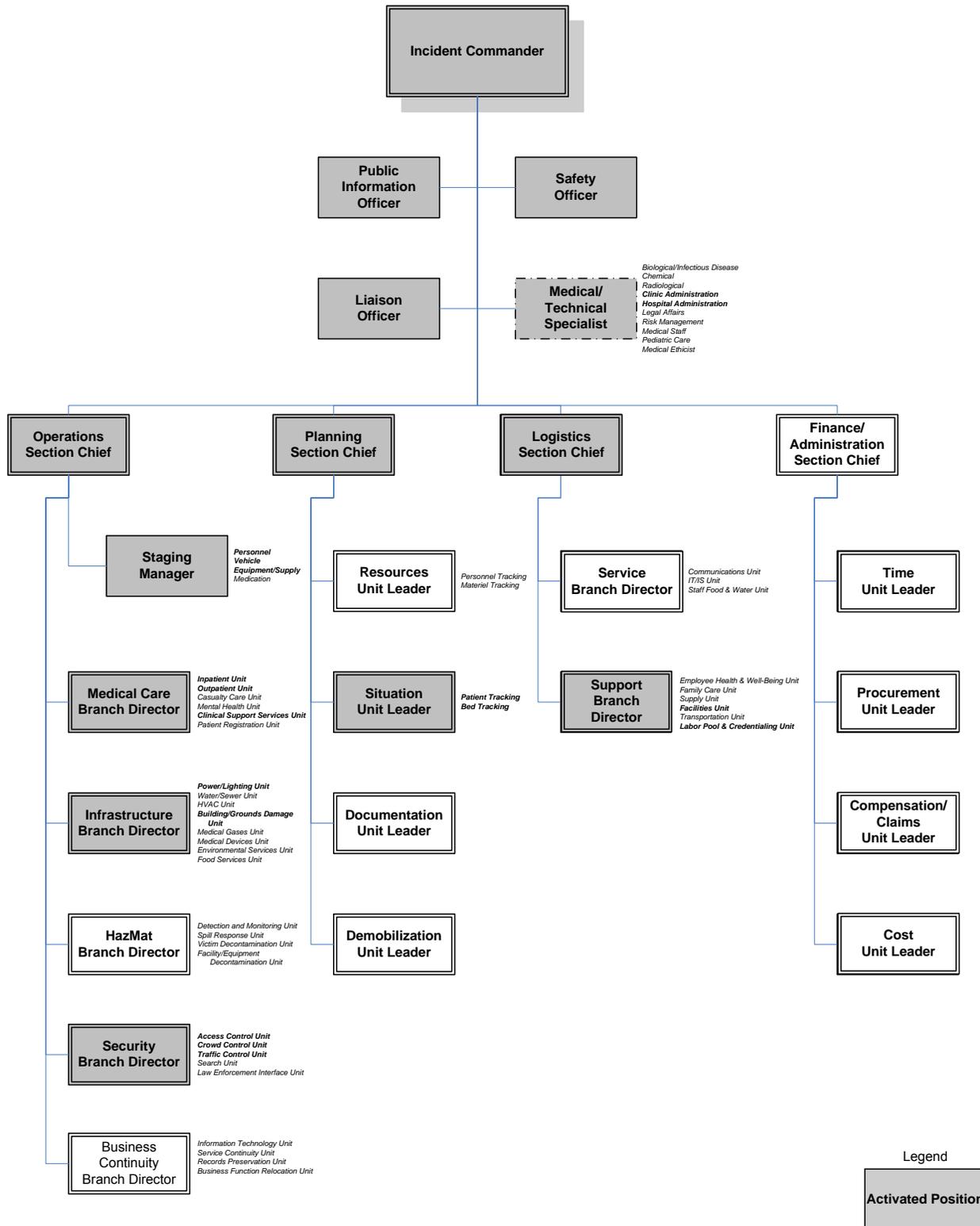
- Compile final response and recovery cost and expenditure and estimated lost revenues summary and submit to the Incident Commander for approval
 - Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate
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Documents and Tools

- Hospital Emergency Operations Plan
 - Patient Evacuation Plan
 - Utility Failure Plans
 - Facility and Departmental Business Continuity Plans
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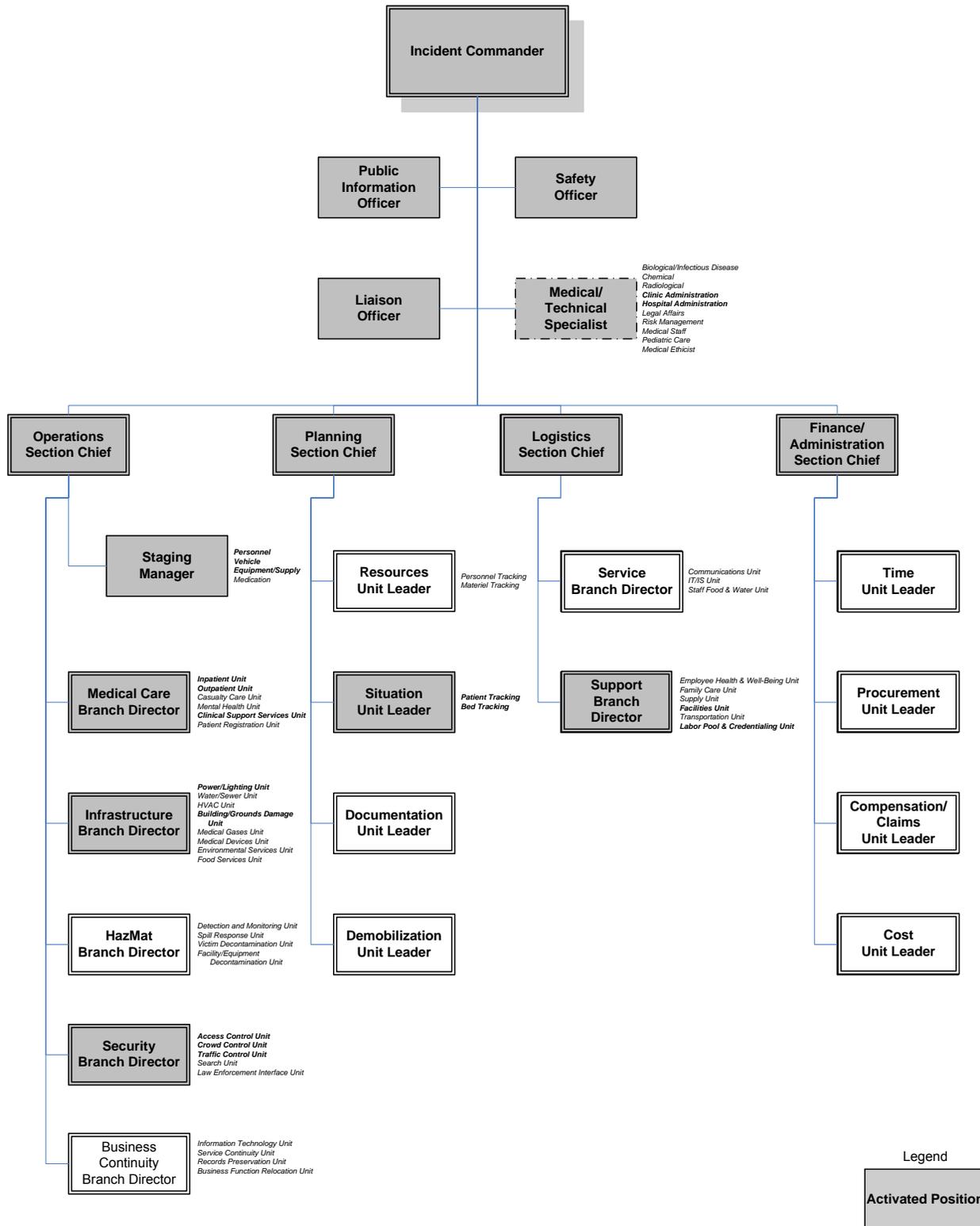
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INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



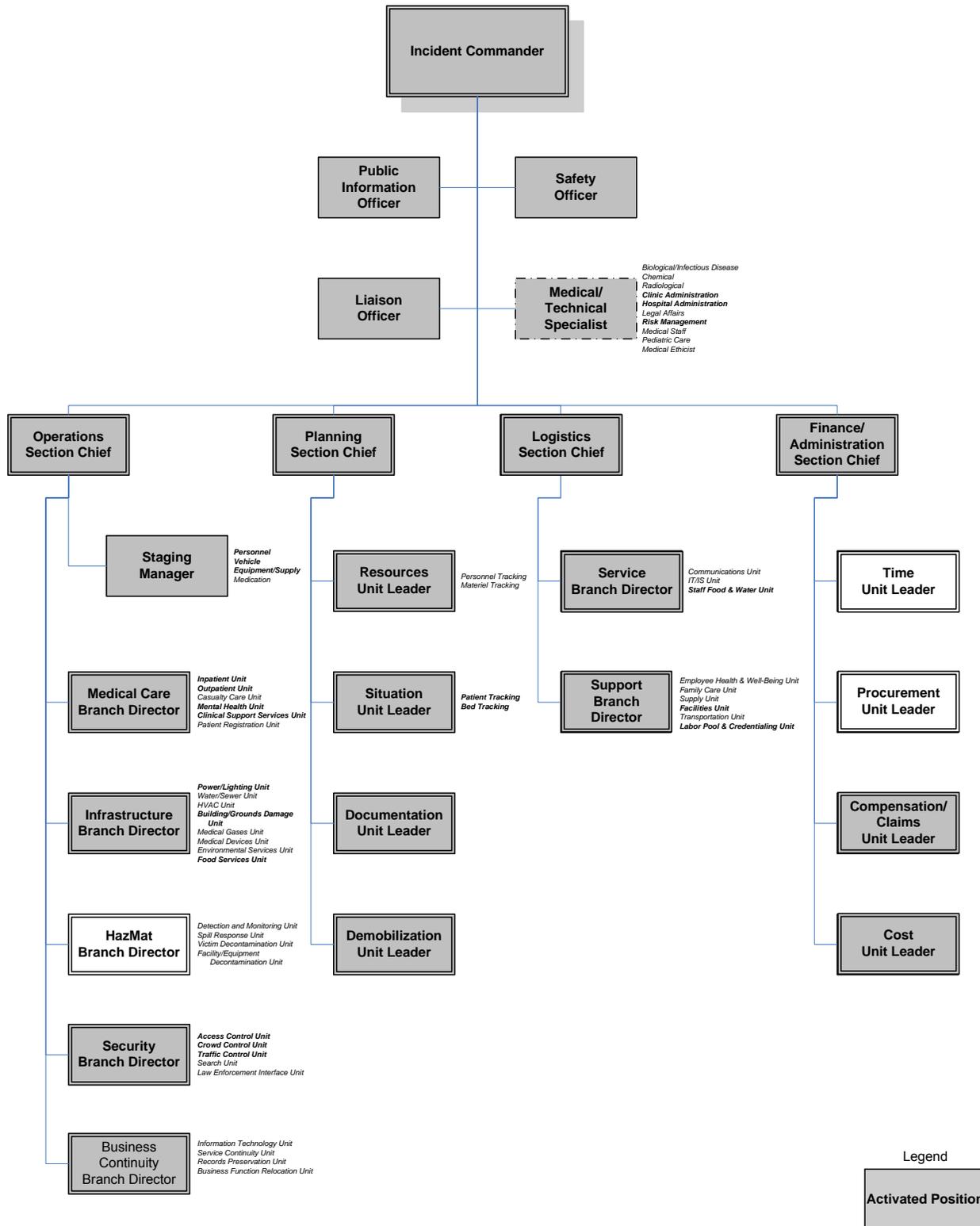
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INCIDENT MANAGEMENT TEAM CHART -- INTERMEDIATE



EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT MANAGEMENT TEAM CHART -- EXTENDED



EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT MANAGEMENT TEAM CHART -- DEMOBILIZATION

