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HARVARD

SCHOOL OF PUBLIC HEALTH

Emergency Preparedness and Response
Exercise Program



MDPH HOSPITAL EVACUATION TOOLKIT

VI. ASSEMBLY POINT GUIDE



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INTRODUCTION

Purpose of Assembly Point Guide

The hospital should identify several locations surrounding the hospital that could be used as Assembly Points in the event that a rapid evacuation must take place and patients will need to be immediately relocated to a safe location.

This Assembly Point can serve as the place where patients would gather (outside the hospital) to receive basic care and await transfer, or re-entry back into the hospital. *The Assembly Point should not be a comprehensive field hospital. The Assembly Point should be designed as a holding area with limited care resources.*

This guide provides the direction required to ensure that supplies, equipment, and staff are ready and organized to care for patients. The Assembly Point should take responsibility when patients “check-in” and manages care until patients are ready to transfer to another facility or be discharged home via the Discharge Site.



ASSEMBLY POINT SET-UP GUIDELINES

The Assembly Point Director should coordinate the work of the various departments involved in Assembly Point set-up. The following departments should have primary responsibility for getting the Assembly Point ready to receive patients:

Environmental Services: cleaning supplies; tables/chairs; trash cans/gloves/masks

Facilities Maintenance: electrical support; extra lighting; heating or cooling as needed

Materials Management: clean supply areas; medical equipment and oxygen; code carts

In addition, the departments below are responsible for setting-up appropriate areas so they can support patient care at the Assembly Point:

- Pharmacy
- Food and Nutrition Services
- Blood Bank
- Clinical Labs
- Social Services (Family Waiting Areas)
- Biomedical Engineering
- Respiratory Care
- Admitting (Patient Tracking areas)
- Telecommunications (Phone Bank)
- Security

Entrance Area

Basic supplies (trash cans, hand hygiene liquid, gloves/masks) will be needed throughout the entrance area.

Clear pathways and signage are critical for ensuring a high volume of patients can move quickly through Patient Tracking and into the patient care areas. Pathways to enter and exit the Assembly Point should be tested and documented.

Emergency Medical Stabilization Area

Medical supplies and equipment should be transported and organized by Emergency Department staff with support from Pharmacy, Biomedical Engineering, and Respiratory Care, if available. Pharmaceuticals (especially narcotics) will need to be secured. However they may also need:

- Dirty Utility area (see list on next page)
- Oxygen tanks
- Electrical support
- Portable lights (if needed)
- Portable heat or cooling (if needed)

Patient Care Areas

The Assembly Point Director should have primary responsibility for directing the set-up process. S/he should ensure signage is visible, and make decisions about where items are placed if there is a need to deviate from the basic plan. Each care unit space should have:

- Clean supply station with basic medical supplies
- Dirty utility area
- 1 Code cart
- Oxygen tanks/oxygen concentrator
- Charging station for batteries
- Electrical support
- Portable lights (if needed)
- Portable heat or cooling (if needed)



Clean Supplies

- Linens – sheets, blankets, pillows, towels
- Infection control – gloves, masks, disinfectant wipes
- Medical supplies – per list
- Admin supplies – forms, clipboards, and pens

Dirty Utility Supplies

- Trash cans
- Sharps disposals
- Linen hampers
- Admitting (Patient Tracking areas)

Most of the medical and general clean supplies should be kept in the centralized clean supply stations. However, as part of the set-up process, heavily used items (gloves, hand hygiene liquid, hooks for hanging IVs, etc.) should be placed throughout the section.

It is essential to sketch out a diagram of the Assembly Point set-up as it would appear in the designated location chosen for the Assembly Point before using the space in an emergency.

In Superstorm Sandy, Assembly Points were not always used. In many cases, the patients were safer and more comfortable in their rooms and were only moved from the floor to an ambulance when a bed at a receiving facility had been located.



ASSEMBLY POINT SURVEY TOOL

In deciding where to designate your Assembly Point, it is important to survey internal and external facilities to find the most suitable location. Below is an example of a survey tool that a hospital may use to review the potential patient and resource capacity of available locations to determine if they would serve as an adequate assembly points.

Location	Potential for Patients			Power	Phone	Distance	Computer	Vehicle Access	Weather Limiting
	Seated	Wheelchair	Stretcher						
Hospital Procedural Suite			5 to 20	Yes	Yes	500 yds	Yes	Yes	No
Ambulatory building 2nd floor conf. rooms	50	40	15	Yes	Yes	350 yds	Yes	Yes	No
Ambulatory building 4th floor conf. rooms	40	30	10	Yes	Yes	350 yds	Yes	Yes	No
Ambulatory building 4 th OB/GYN			20+	Yes	Yes	350 yds	Yes	Yes	No
Neighboring Hotel Function rooms	100+	50	58	Yes	Yes	700 yds	No	Yes	No
Neighboring Church	150+	50	10 to 20	Yes	Yes	750 yds	No	Yes	No
Adjacent Parking Garage #	200	200	50	Yes	No	300 yds	No	Yes	Limited
Adjacent Health Club	100	100	25	Limited	No	.25 mile	No	Limited	Yes
Adjacent Soccer Field *	All	All	200+	No	No	1000 yds	No	Limited	Yes
<p>*Ground conditions would hamper wheelchairs and stretchers – seats would need to be supplied to the area as well</p> <p>#Elevator is not large enough to transport hospital beds/stretchers unless they were disassembled</p>									



NUTRITIONAL DISASTER SUPPLY LIST FOR ASSEMBLY POINT
(Supporting approximately 1,000 patients, staff, and visitors for 24 hours)

Non-Perishable Food Items

Energy Bars	25 cases/72 bars
Tuna, can individual, 3 oz	75 cases/12
Crackers, Saltine individual	6 cases/500
Mayonnaise, packet	4 cases/500
Applesauce/Peaches, individual	25 cases/72 each
Milk, shelf stable	10 cases 12/32 oz
Cold Cereal, assorted individual boxes	13 cases/70 boxes

Nutritional Supplements

Meal Replacement, 8 oz bottle	50 cases/24 bottles
Meal Replacement, 8 oz bottle (Diabetics)	25 cases/24 bottles

Infant Formula

Enfamil 20 cal-ready to use, 6 oz bottles	4 cases/24 bottles
Standard Nipples	1 case/240 each
Pedialyte- ready to use, 2 oz bottles	4 cases/48 bottles

Tube Feedings

Meal Replacement, 1.0 Ready to Hang	5 cases/8 liters
Meal Replacement, 1.0 Ready to Hang	1 case/8 liters

Water/Juices

Juice, can 5.5 oz Apple/Cranberry	38 cases/48 cans
Water, Spring 16.9 oz bottle	165 cases/24 bottles

Paper Supplies

Bowls, 12 oz	2 case/1000
Bag, brown 10#	6 bundles/500
Napkin, dinner	2 cases/3000
Spoon, Soup plastic	3 case/1000
Knife, plastic	1 case/1000
Cup, 7 oz plastic	3 cases/2500

Meal #1

Energy Bar
Cold Cereal
Milk
Juice
Water

Meal #2

Energy Bar
Meal Replacement
Applesauce
Juice
Water

Meal #3

Canned Tuna
Crackers
Mayonnaise
Peaches
Meal Replacement
Water