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**HARVARD**

**SCHOOL OF PUBLIC HEALTH**

Emergency Preparedness and Response  
Exercise Program



# **MDPH HOSPITAL EVACUATION TOOLKIT**

## **IV. EVACUATION FLOOR GUIDE**





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## INTRODUCTION

### **Purpose of the Evacuation Floor Guide**

This Guide has been developed to assist individual patient care units in both the pre-planning and the response phases of evacuation. Enclosed in this Guide are documents and tools that, when combined together, form a floor-level “toolkit” for evacuation. Once the documents and tools of this Guide are adapted to meet the needs of a hospital and individual patient care units, the resulting toolkit may be distributed among all patient care units. Storing the toolkit in patient care areas will both expedite and help provide structure to response operations if a hospital has to evacuate. Staff on each unit should regularly review the toolkit’s contents and routinely conduct exercises using the toolkit to ensure that they are familiar with its contents.

Upon receiving the order to evacuate or to prepare to evacuate, nurses and others on the individual care units should open the toolkit and complete the appropriate checklist.



## UNIT EVACUATION PROCESS CHECKLIST

**Complete all steps on this checklist upon receiving the order to evacuate or to prepare to evacuate**

- The senior nurse on the unit (or other appropriate designee) should assume the role of “Unit Leader.” That individual should read and follow the “Unit Leader Job Action Sheet” in this toolkit.
- The Unit Leader should seek to be briefed by the hospital “Evacuation Coordinator” or other senior leader in the hospital. If communication with leadership has been disrupted because of the emergency event, then the unit should continue to prepare its patients and staff for evacuation by following the steps below.
- All unit staff should gather to briefly discuss the situation and communicate the response and evacuation plan (if known).
- Visitors may stay with the patient, or may be directed to leave per the direction of the Unit Leader. In some cases, it is preferable to have visitors stay with patients when it will clearly benefit the patient’s emotional wellbeing (e.g. a parent staying with a child).
- The patients’ responsible and responding clinicians should report to the unit to:
  - Reassess each patient’s clinical status.
  - Review and minimize all active medications and clinical interventions (i.e. supplemental oxygen, monitoring, etc.). Only those medications and interventions that will be essential until the patient is successfully evacuated and arrives at another hospital should be continued.
  - Write a brief summary of the patient’s inpatient course and treatment plan to assist clinicians at the receiving hospital in assuming safe care of the patient. Clinicians should include their own contact information in this documentation.
  - Give report to receiving clinicians at the receiving hospital (when possible).
- All nurses should complete one *Patient Evacuation Form* for each patient that they are providing care to on the unit. One copy of this form will travel with the patient when they leave the unit. The other copy of this form stays with the unit for recordkeeping.
  - If the Unit Leader has patient assignments at this point, s/he should assign those patients to someone else to complete the forms and prepare the patients for evacuation.
  - Patients “off the unit” for testing or treatment at the time of evacuation might not return to the unit. Instead, depending on the required urgency of the evacuation, they may be transported to the Assembly Point where they will rejoin the unit. Clinical staff caring for patients “off-unit” will contact the Unit Leader to confirm this transport request and location. If patients do not return to the unit, nurses on the unit will bring a completed tracking form as well as any necessary medical equipment, records, and medications to meet the patient at the AP.
- The Unit Leader will work with all staff on the unit to complete the *Evacuation Tracking Log* to ensure every patient is accounted for.
  - Once completed, this log must be faxed (or delivered) to the hospital Emergency Operations Center (EOC) so that hospital leaders have an accurate patient census and can begin arranging for beds to transfer evacuating patients.
- Determine if evacuation operations will require additional staff or transport equipment after reviewing the Patient Evacuation Forms. Develop a comprehensive list of these needs on the enclosed *Request Form* and fax (or deliver) to the EOC.
- Patients’ families should be notified of the evacuation if possible. When possible, patients’ families should be provided a status update and further instructions at regular intervals.



- The Unit Leader should direct the staff nurses to package patients for transport. This includes packaging medications, essential medical equipment, and supplies the patient will need during transport as well as essential belongings. Assume that patients may be in transit for as long as 12 hours. If possible, extraneous patient belongings should be sent home with each patient's family.
- When notified by the hospital Evacuation Coordinator or Transport Coordinator, begin to send patients and staff to the Assembly Point and Discharge Site.
  - All patients who will be evacuated away from the hospital should be taken to the unit's Assembly Point. Your unit's default Assembly Point is: \_\_\_\_\_
  - All patients who will be discharged from the hospital should be taken to the hospital Discharge Site. The hospital's default Discharge Site is: \_\_\_\_\_
- The Unit Leader should communicate with the Evacuation Coordinator and Transport Coordinator to learn the order of unit evacuations and ensure that all patients are safely transported to the Assembly Point or Discharge Site. Floor Coordinators will assist the Unit Leader with tracking and communications.
- Patients are loaded onto elevators and taken to the Assembly Point in the order in which they become ready for internal transport. A clinical staff member will accompany the first transported patient(s) to ensure that the Assembly Point has at least one medical worker who can begin to provide medical care for patients from the unit as soon as they arrive at the Assembly Point.
- Other clinical staff members will accompany patients in transport to provide appropriate medical monitoring and care as needed. When the last patient leaves the unit, the Unit Leader and Floor Coordinator will travel to the Assembly Point to oversee care at Assembly Point.
- As patients arrive in the Assembly Point, it may be necessary to immediately move them from the transport stretchers and wheelchairs in order to retrieve additional patients from the hospital. Transporters will work with clinical staff to identify which patients can be moved from stretchers and chairs and assist with patient movement as appropriate when directed by clinical staff.
- Once patients arrive at the Assembly Point, only the minimum required care interventions should be continued as directed by the patient's providers. All the critical supplies needed at the Assembly Point will be transported to the AP by the responsible department. In addition, patient care units should have pre-planned lists of special supplies/equipment that they will need to bring with them to support essential care.
- In general, patients on contact and droplet infection control precautions should not be cohorted in one area in the Assembly Point. Patients should remain with their units to maintain the integrity of their diagnosis/infection but still adhere to the type of precautions required as possible. This approach enhances the staff's ability to identify and manage the specific infection control needs. However, patients on airborne precautions may be segregated or cohorted by the Unit with patients with the same diagnosis (e.g. TB with TB, Varicella with Varicella), in a separate location or at some distance from others, if possible.
- Patients will be taken from the Assembly Point to a Staging Area for loading and transportation when EMS resources and a receiving institution bed is available. In the Staging Area, patients should be loaded onto the first available vehicle with the appropriate clinical capabilities to safely transport them to their transfer destination. Ambulances without higher clinical capabilities (such as BLS ambulances) can be permitted to take higher acuity patients if hospital nurses or physicians travel with the patients with all necessary additional equipment and medications (including syringes and pumps).



## UNIT LEADER JOB ACTION SHEET

### YOU REPORT TO AN

**EVACUATION COORDINATOR:** Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### Your Evacuation Coordinator should brief you on the following:

- Time available to prepare for leaving the unit: \_\_\_\_\_
- Assembly Point Assignment (where to gather after leaving the building):  
\_\_\_\_\_
- Discharge Site Location: (where discharged patients wait for rides) \_\_\_\_\_
- Elevator Assignment: \_\_\_\_\_ Stairwell Assignment: \_\_\_\_\_
- Directions for Non-Unit Staff: Stay and help / Report back to home unit
- Sequence of Evacuation: \_\_\_\_\_
- Staff Recycling: (Can/should clinicians return to unit after leaving?) Yes / No
- Labor Pool: Directions for staff at home who can come in to help \_\_\_\_\_
- Family Support Center Phone Number: \_\_\_\_\_

### You should notify your Evacuation Coordinator about the following:

- Any critical patients who will be at high risk if evacuated/moved
- Any physical damage or other immediate threats to the building/systems in your area

1. Find the Unit Evacuation Process Checklist. Review the document, then read this entire document before you begin. You will be responsible for completing the Checklist in its entirety.
2. Find the **Unit Leader** vest in the Evacuation Toolkit and put it on so you can be easily identified.
3. Gather all staff on the unit and communicate the following:
  - Amount of time available to prepare for transport, and how transport will occur
  - Location of the Assembly Point and the Discharge Site
  - The elevator and/or stair assignments for your unit
  - Whether non-unit staff should stay and help, or report back to their home departments
4. Assign staff to the roles below, and distribute the *Role Description Sheet* and nametag to each.
  - Assign an administrative assistant or coordinator to:
    - Print the medical record of the patient's current hospitalization (if electronic)
    - Print each patient's active orders
    - Print patient identification labels and label bags for packing of the patients' active medications
    - Deliver the printed orders and the patients' med sheets with the patients' charts to patient rooms
  - Assign an administrative assistant or coordinator to:
    - Man the phones and/or radio, fielding calls and responding appropriately
5. With staff, review the location and status of each patient and quickly record decisions on the *Tracking Log*. Be sure EVERY patient is accounted for, including those who are away from the unit temporarily for testing or other reasons.
  - Any patient who is off the unit will go straight to the Assembly Point and rejoin your unit there.
  - Fax/deliver copy of the tracking log (per instructions on form) so the process of identifying available beds at other receiver facility can begin.





6. Complete the *Request Form* and send per instructions on form.
  - Make a quick estimate of any additional staff needed to safely evacuate patients.
  - Determine any transport needs beyond wheelchairs and stretchers (oxygen, monitors, etc).
  - If no extra resources are needed, check the appropriate box on the form and send.
7. Ask staff nurses to complete individual *Patient Evacuation Forms* and begin packaging patients:
  - Critical medications (and supplies to administer) need to be packed with the patient.
  - Nurses should still complete the form and pack meds for any patients who are off the unit.
  - Special needs, assistive/adaptive devices required.
8. Patients may be discharged directly from the unit if medical staff are available and there is time to process the discharge. Send these patients directly to the Discharge Site so they can await transportation.
  - Patients who elect to leave Against Medical Advice (AMA) should sign the routine form.
9. Locate the *Unit-Specific Packing List* in the Evacuation Toolkit and assign someone to collect and transport those items to the Assembly Point.
10. Ambulatory patients who can manage climbing/descending stairs will leave the unit first.
  - If possible, send an experienced nurse with this first group of patients. This person will be in charge of the unit at the Assembly Point until you arrive there.
  - There will also be some extra clinical staff at the Assembly Point to help receive patients.
11. Work with staff to move patients to stretchers or wheelchairs as appropriate.
  - The Internal Transportation Director will automatically bring more wheelchairs/stretchers to each floor as their turn for transport approaches.
  - There will be a **Transport Coordinator** who will work with you to help get patients ready to board the elevators and/or enter the stairwells.
12. Ensure all staff and patients leave the unit safely.
  - Have the last nurse on the unit quickly pack and take any extra meds, syringes, etc. in the supply area.
13. Contact your **Evacuation Coordinator** when the unit is completely empty of all patients, staff, and visitors and ready for closing.
14. After closing, rejoin unit at the Assembly Point.
  - Notify “Patient Tracking” if any of your patients, staff, or visitors are missing.



## COMMUNICATIONS UNIT LEADER JOB ACTION SHEET

1. Read this entire sheet before you begin.
2. Find **Communications Unit Leader** name tag in the Evacuation Tool Kit and put it on. It is important for everyone with an official role to be identified.
3. Each **Unit Leader** will report to an **Evacuation Coordinator**. Note his/her name and contact information below for quick reference.

Our Unit Reports to: \_\_\_\_\_ Phone: \_\_\_\_\_

4. If phones are working, field calls and respond or triage as needed. If radios are working, monitor communications and manage radio traffic as needed.

**Calls from hospital leaders** should be handled appropriately.

- Respond to questions and provide information as requested.
- Relay instructions immediately to your **Unit Leader**.
- Consult with your **Unit Leader** for any decisions that must be made.

**Calls from staff** should be handled as directed by your **Unit Leader**. Typically, staff responding to an emergency will report to a central Labor Pool.

Fill In Specific Instructions Here (i.e. where to report, where to call, etc.)

**Calls from patient families** should be answered as quickly and completely as possible. Give whatever information you are able to provide, including where the patient will be going. If they need additional information, refer them to the Family Support Center.

Family Support Center Phone: \_\_\_\_\_

5. If phones are NOT working, communication will take place via cell phone or hand held radios.

- Locate at least 2 cell phones that work on the unit. *Fill in Cell Phone Numbers Here:*

\_\_\_\_\_

- If phones and other methods of communication are not working, it will be your responsibility to coordinate runners.

6. After the unit has been evacuated, check with your **Unit Leader** for further instruction.

- When directed to do so, contact an/the **Evacuation Coordinator** to report the unit is empty.
- Leave the unit and rejoin staff at the designated Assembly Point.



## PATIENT RECORD PREPARATION JOB ACTION SHEET

1. Read this entire sheet before you begin.
2. Find **Patient Record Preparation** name tag in the Evacuation Tool Kit and put it on. It is important for everyone with an official role to be identified.
3. Before starting record preparation, you need to create individual medication bags for patients. Find the plastic bags in the Evacuation Toolkit and stick a patient label on each bag.
  - Create a bag for every patient, even those who are “off the floor” or who may be discharged.
  - Leave labeled bags in the med room/area for nurses to fill.
4. Print orders and med sheet for each patient from the computer.
  - Print orders and med sheet for every patient, even those who are “off the floor” or who may be discharged.
5. Find the chart(s) for each patient and insert the printed orders in the front of the chart.
  - Include extra labels in the front of each chart if possible.
  - Provide orders for patients who are “off the floor” to your **Unit Leader**.
6. Bring the charts and orders to each patient in his/her room.
7. Check with your **Unit Leader** for further instruction.



## SAMPLE PATIENT EVACUATION TRACKING LOG

**Directions for Unit Leader:**

1. Review patients with staff and record information.
2. As soon as form is completed, **FAX** to hospital  
Emergency Operations Center.

Unit Name: \_\_\_\_\_

Unit Leader: \_\_\_\_\_

Pager/Cell Phone: \_\_\_\_\_

Patients (Use Labels)	Visitors?	Status	Acuity Category	Equipment Needs	Mode of Transport	Destination	Time Pt Left	Has Meds?	Pt Arrived
		Evacuate D/C Home Left AMA Off Unit	ICU Step Down General Care ----- Wtg for SubAcute	Pump Oxygen Monitor Vent Suction None	Ambulatory Wheelchair Stretcher Bed Crib Bassinet Isolette	Assembly Point Discharge Site Other (list below)			
		Evacuate D/C Home Left AMA Off Unit	ICU Step Down General Care ----- Wtg for SubAcute	Pump Oxygen Monitor Vent Suction None	Ambulatory Wheelchair Stretcher Bed Crib Bassinet Isolette	Assembly Point Discharge Site Other (list below)			
		Evacuate D/C Home Left AMA Off Unit	ICU Step Down General Care ----- Wtg for SubAcute	Pump Oxygen Monitor Vent Suction None	Ambulatory Wheelchair Stretcher Bed Crib Bassinet Isolette	Assembly Point Discharge Site Other (list below)			
		Evacuate D/C Home Left AMA Off Unit	ICU Step Down General Care ----- Wtg for SubAcute	Pump Oxygen Monitor Vent Suction None	Ambulatory Wheelchair Stretcher Bed Crib Bassinet Isolette	Assembly Point Discharge Site Other (list below)			
		Evacuate D/C Home Left AMA Off Unit	ICU Step Down General Care ----- Wtg for SubAcute	Pump Oxygen Monitor Vent Suction None	Ambulatory Wheelchair Stretcher Bed Crib Bassinet Isolette	Assembly Point Discharge Site Other (list below)			



## REQUEST FORM

**Completed By:** Unit Leader or Dept Head

Date: \_\_\_\_\_

**Fax To:** Emergency Operations Center

Time: \_\_\_\_\_

**Requestor Information**

Unit/Dept Name: \_\_\_\_\_

Building/Floor: \_\_\_\_\_

Your Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Type of Staff (Role)	Number Requested	Comments

Equipment	Number Requested

**Please be specific when making your request!**

**Request the specific capability you need, not specific resources.**



## PREPARING INPATIENTS FOR EVACUATION

### Information Sheet for Staff

#### Assembly Points

- Patient Care Units will stay together at the Assembly Point.
- There should be a few clinicians available at the Assembly Point to receive and help care for your patients.
- If time allows for discharge, appropriate patients may go straight to the Discharge Site.

#### Medications

- Pack 2 doses of each CRITICAL med in a bag that can accompany your patient.
- You should also pack any necessary IV fluids and/or tube feeds with your patient (Standard tube feeds should also be available at the Assembly Point).
- Additional meds (including narcotics) and blood products should be available at the Assembly Point.

#### Supplies

- Any supplies *readily available* in patient rooms can be packed with the patient.
- General medical supplies will be available at the Assembly Point, so do not take time to pack from the supply room.
- *Unit-specific* supplies and/or equipment (see back of this page) will be transported to the Assembly Point by the person assigned by your Unit Leader.

#### Patients on Oxygen

- If possible, any patient currently on oxygen should remain on oxygen during transport.
- Patients should stay on room oxygen as long as possible to preserve portable oxygen resources.

#### Patients on Ventilators

- During an evacuation, respiratory therapists will be dispatched to the units to assist you.
- If a travel ventilator isn't available, the patient will be bagged during transport. The ventilator should accompany the patient and be reconnected if possible at the Assembly Point.

#### Patients on Monitors

- Only patients who have a potentially life-threatening indication will travel with portable monitors.

#### Patients "Off the Unit"

- Patients who are off the unit will go straight to the Assembly Point, and will re-join your unit there.
- Do **not** take extra time to pack their belongings but do make sure their critical meds, assistive devices, and *Evacuation Form* go to the Assembly Point.

#### Don't Forget About You

- Take your purse/keys/etc. with you before you leave the unit.





## SAMPLE UNIT-SPECIFIC EQUIPMENT ASSEMBLY POINT PACKING LIST

Each inpatient care unit will be required to identify specific items they will need when caring for their patient population at the Assembly Point. They must pack and transport these items to the Assembly Point to be used for care of their population if required.

Below is an example of such a list.

UNIT XX ASSEMBLY POINT PACKING LIST
#6, #7, and #8 Trachs (1 of each)
Ab Visor (patient specific)
Atrium closed drainage kits (2)
Battery Charging Strips for portable equipment
Bovie Machine (if present on the unit)
Bronchoscope
Central Line Insertion Kit
Chest Tubes/Chest Tube Drainage – these will be available at the AP
CO2 Detector
CVVH Machine with disposables and replacement fluids
Doppler
Fluid Warmer + Tubing (patient specific)
Internal Defibrillator Paddles
Internal paddles (1)
Kelly Clamps for chest tubes
Kerlix Bandage 4.5 in X 4.1 yd
Line Cart
Medtronic pacer box (4)
Monitor with pressure monitor capabilities
Open Chest Kit
Open chest tray (1)
PiCCO + Lines
Plastic Sheets (patient specific –hypothermia)
Pulmonary Artery Catheter
PVU, emergency batteries, hand pump, controller with integrated reserve battery, wearable battery, charger and accessories
Resuscitation Fluid (patient specific – e.g. Lactated Ringers, Albumin)
Specific items for Thoratec and Levacor
Temporary pacemaker wires, generators and magnets
Thoracentesis Kit
Trach Ties (3)
Transducer Set-ups