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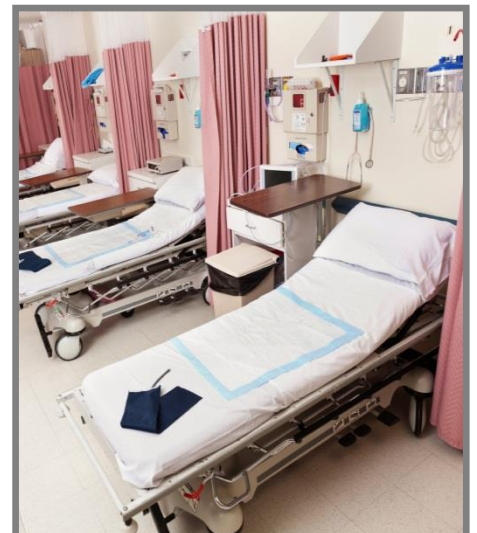
**HARVARD**

**SCHOOL OF PUBLIC HEALTH**

Emergency Preparedness and Response  
Exercise Program



# MDPH HOSPITAL EVACUATION TOOLKIT







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Dear Hospital Representative,

The 2014 edition of the Massachusetts Department of Public Health (MDPH) Hospital Evacuation Toolkit was developed by the Harvard School of Public Health Emergency Preparedness and Response Exercise Program (HSPH-EPREP) in collaboration with the MDPH Office of Preparedness and Emergency Management. Since the initial 2012 publication of the toolkit, Superstorm Sandy devastated New York City prompting multiple hospital evacuations under varying circumstances. The events surrounding Superstorm Sandy served to validate the original guidance in the toolkit, but these events also helped HSPH-EPREP to identify areas where hospitals needed additional information to inform evacuation planning efforts. As a result, HSPH-EPREP has updated the original MDPH Hospital Evacuation Toolkit and added shelter-in-place guidance to the 2014 version.

The toolkit is meant to serve as a resource for hospitals to prepare their own comprehensive evacuation plans, and also to review their provisions and planning for sheltering in place. The toolkit draws from the extensive literature review, review of hospital plans, interviews with hospitals that have had to evacuate, other activities that occurred in preparation for the MDPH statewide hospital evacuation exercise program, and from lessons learned during the execution and evaluation of the exercise series. The Massachusetts General Hospital evacuation plan, in particular, was used as a reference for many of the specific tools and job action sheets in this toolkit. We gratefully acknowledge the outstanding hard work of many MGH leaders who contributed time and energy to create the plans and tools from which several of the toolkit items are adapted.

The MDPH Hospital Evacuation Toolkit and all related documents have been developed through a contract with the Office of Preparedness and Emergency Management at the Massachusetts Department of Public Health, with funding from the Office of Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program. The views and opinions expressed as part of the MDPH Hospital Evacuation Toolkit and all related documents do not necessarily represent the views and opinions of the Office of Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program.

Sincerely,

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## ACKNOWLEDGMENTS

The MDPH Hospital Evacuation Toolkit was developed by the Harvard School of Public Health Emergency Preparedness and Response Exercise Program (HSPH-EPREP) in collaboration with the Massachusetts Department of Public Health (MDPH) Office of Preparedness and Emergency Management. The toolkit draws from extensive literature review, review of hospital plans, interviews with hospitals that have had to evacuate and other activities that occurred in preparation for the MDPH statewide hospital evacuation exercise program, and from lessons learned during the conduct of the exercise series. The Massachusetts General Hospital (MGH) evacuation plan, in particular, was used as a reference for many of the specific tools and job action sheets in this toolkit. We gratefully acknowledge the outstanding hard work of many MGH leaders who contributed time and energy to create the plans and tools from which several of the toolkit items are adapted.

## HANDLING INSTRUCTIONS

All questions and comments regarding this document and requests for copies can be directed to:

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## INTRODUCTION

### **Purpose of the MDPH Hospital Evacuation Toolkit**

Although rarely required, both full and partial hospital evacuations are extremely complicated and potentially dangerous events. Careful and detailed planning that supports orderly and safe evacuation operations under a wide array of conditions must be included in any hospital emergency operations plan. Further, hospital emergency operations plans must also support robust procedures to shelter-in-place. Developing clear shelter-in-place procedures may reduce the likelihood that a hospital will need to evacuate and/or may limit the scope of an evacuation following a catastrophic event. There are many plausible scenarios that may push any hospital to consider evacuation. Similarly, there are many different timelines within which a hospital must evacuate. These conditions complicate planning efforts as hospitals work to balance the practicality of creating a common set of evacuation procedures and supporting documents with developing specific procedures and resources that will be useful in response to a diverse set of evacuation scenarios. This toolkit is designed to assist hospitals with evacuation planning efforts by providing guidance and tools that are useful in the majority of anticipated disaster scenarios.

This toolkit has been designed with the following assumptions and principles in mind:

- Evacuation may be required immediately following a no-notice event such as a tornado or fire, required in a delayed fashion following a structural or systems failure such as a loss of heat, or required in anticipation of an event, such as for a hurricane.
- Hospitals may be required to partially or fully evacuate.
- Hospital evacuation may be preceded by a period of sheltering in place.
- Each patient care unit must be able to both automatically and autonomously prepare their patients for evacuation in order to facilitate evacuation efforts with limited reliance on central communications and command.
- All patient care units may potentially need to evacuate their units before transportation resources and/or receiving destinations are available. Hospitals should undertake an internal horizontal evacuation if it is both possible and can be safely accomplished. Because safe horizontal evacuation sites may not be available, hospitals must also plan to pre-designate Assembly Points on or adjacent to the hospital campus that can accommodate every care unit.
- Assembly Point operations can rapidly become chaotic. Hospital evacuation plans must include structures that will minimize the chaos and risk to patients while they are at an Assembly Point including procedures to ensure administrative leadership, medical leadership, and continuity of effective patient care until patients can be safely moved.
- The process of matching evacuating patients with receiving facilities is an extraordinarily complicated and resource intensive endeavor that requires close collaboration with public health authorities, EMS, and neighboring health care institutions. Hospitals must centralize their team that makes transport destinations for their evacuating patients to minimize confusion and streamline communications.
- Receiving evacuated patients may be taxing on receiver hospitals and emergency departments. Receiver hospitals should activate their emergency operations plans immediately upon notification that a nearby hospital is evacuating or considering evacuation.



## **Using the MDPH Hospital Evacuation Toolkit**

This toolkit is designed to assist hospitals as they review and update their plans for evacuation, both full and partial, and for sheltering in place on an annual or more frequent basis. The section that follows this introduction, the Hospital Evacuation Guide, describes the evacuation planning process from start to finish. The Hospital Evacuation Guide section presents best practices for facilitating communications between Hospital Incident Command and clinical staff in support of optimizing patient movement, patient tracking, and the coordination of operations at the Assembly Point. In addition, the Hospital Evacuation Guide section of the toolkit explains the rationale behind many of the specific recommended evacuation processes that are explained in further detail in the other sections of the toolkit.

Supplementing the main guidance document are several other tools designed to clarify roles and specific responsibilities in order to assist with evacuation planning and evacuation operations. For example, on page 66 there is a guide to help hospital personnel prepare inpatients for evacuation depending upon the patient's condition and current treatments. In section IX, there is a comprehensive checklist of items to consider when reviewing the complete hospital evacuation plan.

This toolkit is not a one-size fits all resource for hospitals; however, the resources included in this toolkit can serve as a strong foundation for any hospital's evacuation plan. The job action sheets, tools, spreadsheets, and other resources in this toolkit can be easily adapted and incorporated into any hospital's evacuation plan. Any tools that are adapted should be read thoroughly and edited so that they reflect the specifics of the individual hospital, patient population, and surrounding environment before they are used under emergency conditions.

## **Scope of the MDPH Hospital Evacuation Toolkit**

This toolkit focuses on preparing hospitals to safely conduct the various operations required during a shelter-in-place event, a partial evacuation, or a full evacuation. Following an evacuation, hospitals will need to consider how they will repopulate their healthcare facility. The issues that hospitals should consider when working on repopulation planning prior to an evacuation are outside of the scope of this toolkit. Hospitals can review the [Hospital Assessment and Recovery Guide](#) developed with funding from the Department of Health and Human Services (DHHS) to find information on the initial assessment that will be required prior to repatriation of an evacuated hospital. Hospitals can also review the [Hospital Repopulation after Evacuation Guidelines and Checklist](#) developed by the California Hospital Association (CHA) to find information on the operations that may be required when repopulating a hospital. The CHA guide also summarizes the regulatory issues that hospitals in California would need to consider following an evacuation. Hospitals outside of California should engage the local and state regulatory agencies that govern their healthcare operations to determine the specific regulatory requirements that will apply to their hospital following an evacuation.