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HARVARD

SCHOOL OF PUBLIC HEALTH

Emergency Preparedness and Response
Exercise Program



MDPH HOSPITAL EVACUATION TOOLKIT

V. EVACUATION STAFFING GUIDANCE



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INTRODUCTION

Purpose of the Evacuation Staffing Guidance Section

The Evacuation Staffing Guidance Section describes a few key specific job functions that may be needed in a Hospital Incident Command System (HICS) to fill integral roles in the event of an evacuation and supplies sample Job Action Sheets (JAS) for those functions. These select job functions are meant to supplement, but not replace, the usual HICS positions. This section also supplies a staffing checklist that the Incident Commander of the hospital can use to help ensure that positions with both the appropriate capabilities to support evacuation operations are filled. Hospitals will need to carefully review this guidance and decide which of these suggested roles and functions are useful relative to their own evacuation plan and adapt these suggested job functions as necessary to compliment hospital and local response system and structures.



EVACUATION STAFFING CHECKLIST FOR INCIDENT COMMAND

1. Decide and Communicate

- What level of evacuation is necessary?
 - Shelter in Place
 - Horizontal
 - Vertical
 - One Unit, Multiple Units, Single Building, Multiple Buildings, or Entire Campus

- Which evacuation order should be used? How long do staff have to prepare to move patients?
 - Immediate: no time for preparation
 - Rapid: limited time to prepare (1-2 hours with everyone out in 4-6 hours)
 - Gradual: extended time to prepare (wait for further direction)
 - Prepare Only: do not move patients, prepare to move patients

When in doubt, consider issuing a PREPARE ONLY order. Then, if evacuation becomes necessary, operations will progress more rapidly than if a hospital only took a “wait-and-see” stance. If evacuation is not necessary, no patients will be put at risk by preparatory activities and the preparations will have served as excellent practice for staff.

- Where will clinical care units be internally evacuated (i.e. Assembly Points)?
Assembly Point location(s):
(add additional lines below as needed)

- Where will patients be directed to so they may wait if they are being discharged?
Discharge Site location: _____

- Should staff be called in from home to help? Should staff be put on notice that they may be needed?
(Evacuation is VERY staff intensive. It is strongly recommended that all hospital staff are put on alert or called in ASAP if evacuation may be required or is warranted)

2. Make Specific Assignments for Evacuation (in addition to usual ICS assignments)

- Assign one or more *EVACUATION COORDINATORS*:

Staff serving in this role are responsible for communicating with each unit and monitoring their progress as they prepare to evacuate and package their patients to ensure each unit is safely evacuated. Each Evacuation Coordinator should have approximately 5, and not more than 7, patient care units to manage during evacuation. Use the form Evacuation Tracking Sheet by Unit in Section IV, page 64 in this toolkit to record which units are assigned to each Evacuation Coordinator.

Evacuation Coordinators are responsible for telling their assigned units about these decisions:

- Can elevators be used (if so, which ones)? If not, which stairwells will be used?
- Are transport sleds or other specialty equipment available? (see plan for details)
- Should non-unit staff return to their departments or stay where they are and help to evacuate patients in those areas?
- Can/should staff recycle back into main campus buildings after exiting with evacuated patients?
- Where should unassigned staff report to for Labor Pool assignments?
- What is the anticipated order of evacuation for each unit?



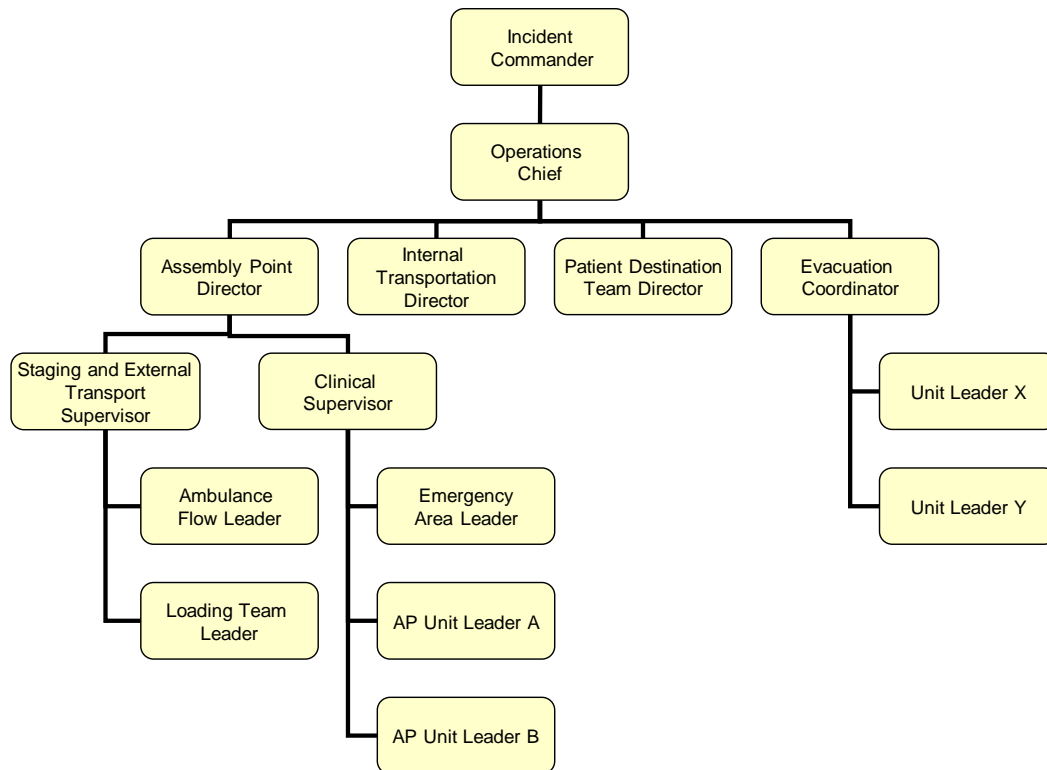
2. Make Specific Assignments for Evacuation (continued)

- Assign one: **INTERNAL TRANSPORTATION TEAM DIRECTOR:**
The position is responsible for deploying and managing staff who will transport patients from the individual care units to the Assembly Point(s), Discharge Site, and Staging Area(s). S/he will monitor available elevator and stairwell usage and will work with external public safety representatives (i.e. fire, EMS, and police) to coordinate hospital personnel and equipment that is being used to transport patients with any supplemental external resources needed to transport patients to the Assembly Point(s), Discharge Site, and Staging Area(s).

- Assign one: **PATIENT DESTINATION TEAM DIRECTOR:**
The Patient Destination Team Director will need to assemble and lead this team as soon as it is suspected that building re-entry may not be feasible.

- Assign one or more: **ASSEMBLY POINT DIRECTOR(S):**
This position will be in charge of each Assembly Point (AP) and be filled with a senior manager who has excellent operational skills. The Assembly Point Director will designate a Clinical Supervisor and a Staging and External Transport Supervisor who will report to the AP Director. The Clinical Supervisor will oversee the individual patient care Unit Leaders at the Assembly Point.

If there are too many units at a single Assembly Point for one Clinical Supervisor to manage, the Assembly Point Director may name Section Leaders to oversee groups of clinical Unit Leaders under the Clinical Supervisor.





EVACUATION COORDINATOR JOB ACTION SHEET

YOU REPORT TO THE

OPERATIONS CHIEF: Name: _____ Contact Number: _____

YOUR ASSIGNED PATIENT CARE UNITS ARE: _____

You are responsible for:

- Making sure your units have been notified about the evacuation and have been given all necessary information
- Providing guidance to each Unit Leader
- Monitoring the pace of preparations for each unit's evacuation
- Troubleshooting any issues while preparing for evacuation
- Coordinating with the Internal Transportation Director to obtain sufficient transportation resources to evacuate your assigned units
- Knowing when each of your units has evacuated
- Escalating issues as appropriate

You should notify the HICS Operations Chief immediately about the following:

- Any units where patients/staff are in immediate danger
- Any units where building/systems have significant damage
- Any unmet needs for additional resources

1. Read this entire sheet before you begin.
2. Put on the vest/nametag labeled "**Evacuation Coordinator**" so you can be easily identified. Get a radio/phone for communication. Use a runner if all communication systems are offline.
3. Contact each of your assigned patient care units and ask to speak with the Unit Leader.
 - a. Confirm the evacuation order and amount of time they have to prepare to leave.
 - b. Give the Unit Leader your contact number.
 - c. Find out if anyone is in immediate danger or if there is significant damage to the building/systems on that unit (If so, relay information back to HICS Operations Leader immediately).
 - d. Direct staff to find, follow, and complete their unit's Evacuation Toolkit.
4. After completing the first round of calls to each unit, call each unit again to provide more information including:
 - a. Assembly Point location
 - b. Discharge Site location
 - c. Elevator and/or stairwell assignment
 - d. Whether staff can re-enter building after leaving (i.e. recycle)
 - e. Family Support Center location and phone number (for families on-site or for those who need to call the hospital for information about their loved ones)
5. Direct the Unit Leader to gather staff and quickly complete the patient tracking log. This log must be faxed or delivered to the Admitting Office as soon as possible.
 - a. Ask the Unit Leader about any fragile/critical patients who may not survive being moved.
 - b. Work with Incident Command and unit leader to make decisions about moving these patients.
6. Continually check-in with units often to answer questions and support staff. Units **MUST** contact you when they begin leaving the unit and when they have completed their evacuation.
 - a. Ask the Unit Leader specifically: are all the patients gone?
 - b. Ask the Unit Leader specifically: are all the staff gone?
7. Notify the Operations Chief as each unit evacuates. Communicate any problems as appropriate.



INTERNAL TRANSPORTATION TEAM DIRECTOR JOB ACTION SHEET

YOU REPORT TO THE

OPERATIONS CHIEF: Name: _____ Contact Number: _____

You are responsible for:

- Identifying which elevators and stairwells may be used for evacuation.
- Communicating with the Operations Chief to determine the order of unit evacuation.
- Mustering sufficient staff to transport all hospital patients to the Assembly Point(s), Discharge Area, and Staging Area(s).
- Identifying available and needed equipment for patient transportation (stretchers, wheelchairs, transportation sleds, stair chairs, etc.).
- Coordinating use of personnel and equipment with external public safety authorities (i.e. fire, EMS, police).
- Managing transportation assets to ensure the most efficient flow of patients out of the institution possible.
- Communicating with the Evacuation Coordinator(s) to inform them of the timing and availability of transportation assets to the individual units.
- Identifying and troubleshooting any bottlenecks in flow.

You should notify the OPERATIONS CHIEF about the following:

- Need for more staff or resources
- Obvious bottlenecks in flow

1. Read this entire sheet, including the attached diagram, before you begin.
2. Put on vest/nametag labeled “***Internal Transportation Team Director***” so you can be easily identified.
3. Muster staff to transport all hospital patients to the Assembly Point(s), Discharge Area, and Staging Area(s). Work with the Labor Pool as needed to obtain additional staff. Determine the training, fitness and physical capabilities of responding staff to lift and move patients.
4. Identify and gather available and needed equipment for patient transportation (stretchers, wheelchairs, transportation sleds, stair chairs, etc.).
5. Communicate with the Operations Chief and/or Security to identify which elevators and stairwells may be used for evacuation.
6. Communicate with the Operations Chief to determine the order of unit evacuation. Begin to deploy equipment and staff to the units that will be first to evacuate.
7. Coordinate use of personnel and equipment with external public safety authorities (i.e. fire, EMS, police).
8. Manage transportation assets to ensure that there is an efficient flow of patients out of the institution. Monitor for bottlenecks to flow and troubleshoot those bottlenecks.
9. Routinely communicate with the Evacuation Coordinator(s) to inform them of the timing and availability of transportation assets that will support the individual evacuating units.



PATIENT DESTINATION TEAM LEADER JOB ACTION SHEET

YOU REPORT TO THE

OPERATIONS CHIEF: Name: _____ Contact Number: _____

You are responsible for:

- Identifying all patients who require transfer to other hospitals
- Working with admitting, nursing, physician, case management, and other hospital representatives to identify the destination and transportation needs of the evacuating patients
- Working with local and state public health authorities to ensure that the process of bed finding runs smoothly
- Identifying the timeline for bed availability at receiving hospitals and communicating that timeline to the Operations Chief and Incident Commander
- Ensuring that patient placement decisions are communicated to the Assembly Point and Staging Leaders
- Escalating issues as appropriate

You should notify the Operations Chief about the following:

- Any tracking logs from the patient care units that are missing
- Physicians who are circumventing the process
- Need for additional resources

1. Read this entire sheet before you begin.
2. Put on the vest/nametag labeled “**Patient Destination Team Leader**” so you can be easily identified.
3. Obtain a radio/phone for communication. Use a runner if all communication systems are offline.
 - a. Also, get a list of the Assembly Point and Staging Area Leaders so your team can communicate placement and transfer decisions
4. Assemble the team, making sure it includes the following role groups:
 - a. Admitting
 - b. Inpatient clinical supervisors
 - c. Case management
 - d. Inpatient physician representatives
 - e. Specialty service representatives as appropriate
5. Quickly have team review the number and types of patients in-house to gain basic situational awareness of the evacuation needs.
6. Contact public health authorities to begin discussions on the numbers and types of patients that will require evacuation. Maintain continual contact with them in person or electronically during the process.
7. Review patient tracking logs from all patient care units as they are faxed or delivered.
 - a. If logs are missing, inform Operations Chief ASAP
8. Determine which patients will be a priority for direct transfer to another facility.
 - a. Patients requiring direct transfer to an OR or ICU (bypassing the Assembly Point)
 - b. Patients requiring secure transfer (bypassing the Assembly Point)



9. Begin matching patients with appropriate beds and level of EMS transport required. Assign team members to be responsible for specific functions.
 - a. Recording decisions
 - b. Contacting other facilities and/or Department of Public Health (DPH) to confirm bed availability
 - c. Contacting Assembly Point and Staging Leaders with decisions or requests for more information
 - d. Contacting the “Evacuation Coordinators” to facilitate the timing for the direct, priority transfers

10. Every hour, provide a status update to the Operations Chief.
 - a. Number of patients discharged home (or left AMA)
 - b. Number of patients “matched” with another facility
 - c. Number of patients left to match
 - d. Estimated time remaining to match all patients

11. Escalate any problems or issues that need resolution.



ASSEMBLY POINT DIRECTOR JOB ACTION SHEET

YOU REPORT TO THE OPERATIONS CHIEF:

Name: _____

Contact Number: _____

You are responsible for:

- Making sure all of the key departments are present to set up the Assembly Point (AP)
- Ensure the AP is set-up correctly
- Appointing a Clinical Supervisor and a Staging and External Transportation Supervisor
- Ensuring appropriate signage is displayed at AP
- Monitoring the arrival of individual patients and units to the AP
- Monitoring the care of patients in the AP
- Responding to requests for information from the Incident Commander or Operations Chief
- Assessing Assembly Point operations and solving any problems or bottlenecks as they surface
- Ensuring any resource shortages are identified quickly and addressed
- Communicating with the Patient Destination Team and Staging Area leaders to ensure patients flow out of the AP as quickly as possible
- Escalating any other issues as appropriate

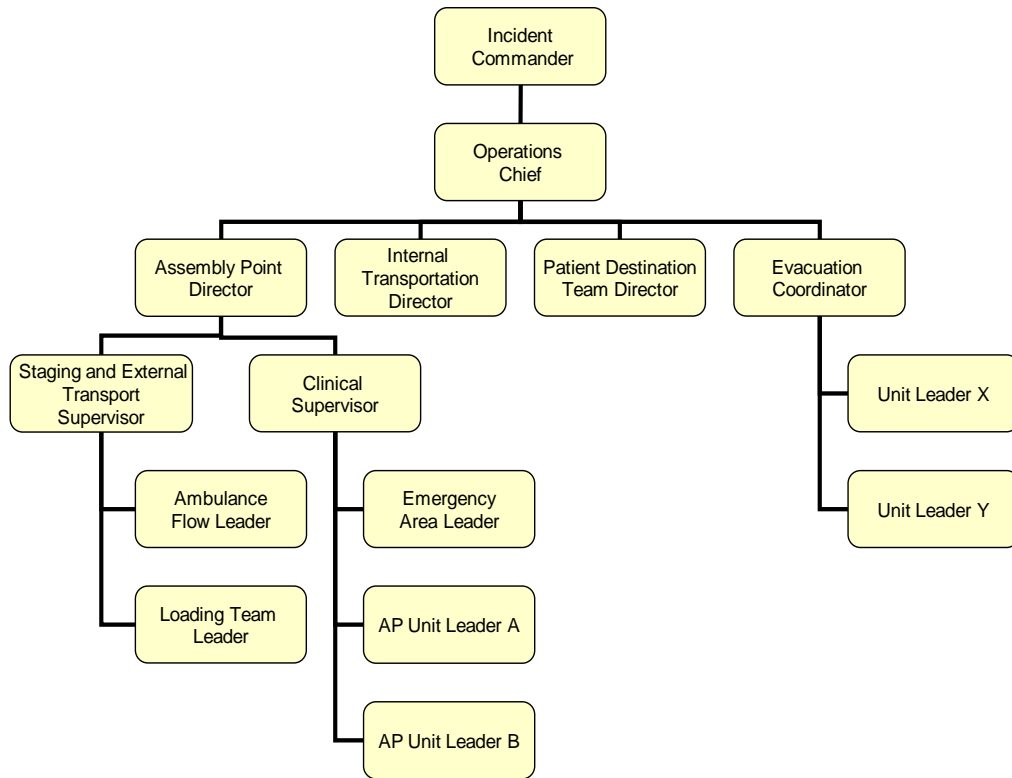
You should notify the Operations Chief about the following:

- Need for additional resources

1. Read this entire sheet before you begin.
2. Put on the vest/nametag labeled “**Assembly Point Director**” so you can be easily identified.
3. Get a radio/phone for communication.
4. Work with the Operations Chief to assign staff to the positions reporting to you at the Assembly Point (see organization chart on next page).
5. Give job action sheets/role descriptions to your reports, and provide additional direction as needed.
6. Ensure all relevant departments are present and working to set up support at the AP.
 - a. ED (Emergency Medical Stabilization Area)
 - b. Admitting (Patient Tracking)
 - c. Environmental Services (Supply and Signage Setup)
 - d. Buildings and Grounds (Power, Lighting, Heating/Cooling Setup)
 - e. Social Services (Call Center and Family Waiting Areas)
 - f. Pharmacy
 - g. Materials Management
 - h. Blood Bank (if needed)
 - i. Food and Nutrition Services
 - j. Security
7. Ensure signage is posted in lobby/entrance/key areas.
8. Communicate regularly with the Clinical Supervisor to monitor and assess activities for problems or bottlenecks. Address issues and resolve. Communicate issues as needed.
9. Work with leaders of the supply departments to ensure adequate resources are available.



- 10. Communicate with the Patient Destination Team and Staging Area leaders to ensure patients flow out of the AP as quickly as possible.
- 11. Monitor staff for signs of fatigue. Request replacement staff if needed.





ASSEMBLY POINT CLINICAL SUPERVISOR JOB ACTION SHEET

YOU REPORT TO THE

ASSEMBLY POINT DIRECTOR: Name: _____ Contact Number: _____

You are responsible for:

- Providing support and guidance to the Emergency Medical Stabilization Leader and the individual Unit Leaders
- If there are more than 5-7 Units to supervise, designating Section Leaders to supervise groups of approximately 5 Unit Leaders and report to you directly
- Ensuring a Rapid Response team is available for codes or acute medical emergencies
- Communicating with the Assembly Point Director to ensure that there are sufficient clinical staff and medical supplies present to support essential care
- Escalating issues as appropriate

You should notify the Assembly Point Director about the following:

- Issues that cannot be resolved
- Need for more staffing or resources

1. Read this entire sheet before you begin.
2. Put on the vest/nametag labeled “**AP Clinical Supervisor**” so you can be easily identified.
3. Get a radio/phone from the AP Director for communication. Use a runner if all communication systems are offline.
4. If there are more than 5-7 Units to supervise, appoint sufficient Division/Group Supervisors to supervise groups of approximately 5 Unit Leaders (individual patient care units). These Division/Group Supervisors will report directly to you.
5. Identify the Emergency Medical Stabilization Area and confirm that it is set up and able to provide care. Designate a physician/nurse team from this area who can respond to medical emergencies at the Assembly Point.
6. Periodically contact the Unit Leaders and the Emergency Medical Stabilization Leader for status updates. Ask them about resource needs and any problems.
7. Notify the AP Director of any unresolved issues or concerns.



STAGING AND EXTERNAL TRANSPORT AREA SUPERVISOR JOB ACTION SHEET

YOU REPORT TO THE

ASSEMBLY POINT DIRECTOR: Name: _____ Contact Number: _____

You are responsible for:

- Making sure appropriate EMS and other vehicles are requested for transport
- Making sure staff are in place for staging and loading of patients who are being transferred to other facilities
- Assessing the process, solving problems, and eliminating bottlenecks
- Providing direction to the loading teams
- Communicating regularly with the EMS liaison
- Communicating with Security and Police representatives to identify and resolve any traffic flow issues
- Escalating issues to Assembly Point Director when appropriate

You should notify the Assembly Point Director about the following:

- Need for additional staff
- Need for additional vehicles
- Any issues that need resolution

1. Read this entire sheet before you begin.
2. Put on the vest/nametag labeled “**Staging and External Transport Supervisor**” so you can be easily identified.
3. Get a radio/phone from Assembly Point Director for communication. Use a runner if all communication systems are offline.
4. Ensure pathways/areas for staging patients in the lobby are clearly identified and ready.
5. Ensure vehicles are requested, staged and ready to transport patients. EMS will have a liaison to assist with ambulance staging.
6. There should be at least two teams who will be responsible for loading patients into vehicles and ensuring patients can safely be transported to their destination. Each team will include a:
 - a. Clinician (experienced ED clinician who can confirm that the appropriate staff, supplies, and equipment needed are present)
 - b. Biomedical engineer (to retrieve or track hospital equipment travelling with the patient)
 - c. Loader (anyone physically fit who can help lift patients into vehicles) NOTE: must be supervised by EMS to ensure that they do not injure themselves or the patients with improper loading/lifting techniques
 - d. Patient tracking representative to document the specific vehicle used for transport and time of departure for each patient
7. Ensure all relevant departments/staff are in place and ready to move, discharge, and load patients.
8. Supervise process and ensure any bottlenecks are resolved. Monitor personnel for fatigue. Periodically evaluate need for more loading teams, and more clinical staff in the travel pool.
9. Escalate any issues to the Assembly Point Director.