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|  | **2014** |

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| **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 Dirty Utility Supplies

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

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

# 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.

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| NUTRITIONAL DISASTER SUPPLY LIST FOR ASSEMBLY POINT **(Supporting approximately 1,000 patients, staff, and visitors for 24 hours)** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Non-Perishable Food Items** | **Quantity** |  |  | **Meal #1** |
| Energy Bars | 25 cases/72 bars |  |  | Energy Bar |
| Tuna, can individual, 3 oz | 75 cases/12 |  |  | Cold Cereal |
| Crackers, Saltine individual | 6 cases/500 |  |  | Milk |
| Mayonnaise, packet | 4 cases/500 |  |  | Juice |
| Applesauce/Peaches, individual | 25 cases/72 each |  |  | Water |
| Milk, shelf stable | 10 cases 12/32 oz |  |  |   |
| Cold Cereal, assorted individual boxes | 13 cases/70 boxes |  |  |   |
|  |  |  |  | **Meal #2** |
| **Nutritional Supplements** |  |  |  | Energy Bar |
| Meal Replacement, 8 oz bottle | 50 cases/24 bottles |  |  | Meal Replacement |
| Meal Replacement, 8 oz bottle (Diabetics) | 25 cases/24 bottles |  |  | Applesauce |
|  |  |  |  | Juice |
| **Infant Formula** |  |  |  | Water |
| 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 |  |  | **Meal #3** |
|  |  |  |  | Canned Tuna |
| **Tube Feedings** |  |  |  | Crackers |
| Meal Replacement, 1.0 Ready to Hang | 5 cases/8 liters |  |  | Mayonnaise |
| Meal Replacement, 1.0 Ready to Hang | 1 case/8 liters |  |  | Peaches |
|  |  |  |  | Meal Replacement |
| **Water/Juices** |  |  |  | Water |
| 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 |  |  |  |