

2014



HARVARD

SCHOOL OF PUBLIC HEALTH

Emergency Preparedness and Response
Exercise Program



MDPH HOSPITAL EVACUATION TOOLKIT

IX. HOSPITAL EVACUATION PLAN CHECKLIST



Hospital Evacuation Plan Checklist

INITIAL DECISION MAKING AND INCIDENT MANAGEMENT

Assessment of Initial Priorities

Following notification of a threat and/or disaster event, does your plan specify:

- How a threat assessment is being performed?
- Who is assessing critical infrastructure and key resources?
- How to automatically conduct & submit unit-level situation and/or damage reports to hospital leadership?
- The trigger for units to submit damage reports?
- Who is compiling the damage reports and how long it will take?
- How long it will take to perform an assessment of the hospital's operational capabilities?

Establishment of Incident Command Structure

Does your plan specify:

- How you will rapidly compile, verify, and share information/reports?
- When you will need your first Incident Action Plan (IAP) to be completed?

Determination of Evacuation Trigger Points and Type of Evacuation

Does your plan specify:

- Specific trigger points that you will use to decide whether to evacuate?
- Formalized "pre-evacuation" stages with defined actions?
- Any alternatives to evacuation that you can use?
- Distinct types of evacuation? (Pre-evacuation staging, single unit, multi-unit, single/multiple buildings, entire campus)
- How each evacuation stage is triggered?

Authority to Make Evacuation Decisions

Does your plan specify:

- If the staff or any other designated personnel have the authority to completely vacate an adjacent (unaffected) unit in case of a possible immediate life threat (e.g. fire) if they perceive an impending threat?
- A predefined location to evacuate to?
- If multiple units are competing for the same location, how to resolve this?
- Someone on-site 24/7 who has the authority to order a partial or full evacuation?
- If the CEO/Board of Directors reserve the right to overrule operational decisions?
- What input/influence outside agencies will have on hospital decisions (State or local health department,



State or local emergency management authority, EMS, local fire command)? Can external agencies overrule a hospital's decision to shelter in place?

- How a dispute between the local fire department and hospital administration would be resolved if the hospital disagreed with a specific portion of the evacuation order/recommendation?

Contact with Local Public Safety Incident Command System(s), Surrounding Communities, & Other Response Partners

Does your plan specify:

- Mechanisms to use in sending/receiving information from local public safety and local public health representatives?
- Types of information you need from local public safety and local public health representatives?
- The type of information you are sending them, the format you are using and when you are sending it?
- Which other response partners with whom you will be communicating?
- How you will be communicating with other response partners?
- What specific information you need from other response partners?
- What information you need to share with other response partners?



EVACUATION OPERATIONS

Primary Operational Objectives in Conducting a Rapid Response Hospital Evacuation

Does your plan specify:

- Your primary operational objectives?
- How these objectives are communicated to staff?
- Which section of your IC structure is primarily responsible for each objective?

Hospital Departments Involved in the Operation

Does your plan specify:

- The respective roles of hospital departments involved in evacuation operations?
- Roles for departments not directly involved in evacuation?

Roles of Partner Agencies

Does your plan specify:

- The operational support your partner agencies can be expected to offer?
- The specific resources available to you from your partner agencies?
- How soon the external assets will be expected to be available?

Primary Methods of Communication

Does your plan specify:

- Your primary methods of internal and external communication?
- How you will communicate the evacuation decision to staff, patients, and families?
- How you will communicate changes to the plan as they occur?

Establishment of Appropriate Security

Does your plan specify:

- The priorities (in order) for hospital security at the outset of evacuation operations?
- If there are adequate resources to maintain security at all operational sites?
- Additional options for security and crowd control other than local law enforcement?
- How these resources be will accessed and who has authority over them?
- How this will be coordinated and supervised?
- How traffic will be managed?
- If discharge/egress routes will be segregated from transfer departures?
- Alternate routes for both?
- How you will maintain security for special patient populations?
 - Infants
 - Children
 - Psychiatric patients
 - Prisoners



Triage and/or Prioritization for Evacuation

Does your plan specify:

- Uniform and specific standards for triage within the institution?
- If triage standards are known to providers?
- If the units should perform and report a manual patient census prior to evacuation?
- How and to whom the units report the result of census performed?
- How evacuation triage is prioritized: acuity, mobility status (stretcher-bound/wheelchair/ambulatory), location of the unit within the hospital, availability of a known transfer destination or some combination?
- Who (specifically) will be tasked with making triage decisions?
- If the people making triage decisions received any formal training in the evacuation plan or evacuation triage?
- A framework for ethical decision-making related to triage?
- Mechanisms for resolving disputes over triage within the facility?
- How triage information will be compiled and incorporated into IAPs?
- Mechanism to allow for re-triage and resuscitation if necessary if patients deteriorate during evacuation (or while waiting)?
- How triage tactics will change if your elevators were not operational?
- How medical equipment is prioritized for evacuation?
- How you will compile a list of the number of available equipment assets (e.g. portable cardiac monitors, portable ventilators, oxygen cylinders, suction machines, IV pumps with battery, etc.) and the location of those assets?
- How you will ensure that the available equipment is matched to the evacuating patients?
- Situations where portable medical equipment is allowed to leave the institution?
- How patients are prepared for transfer?
- If patients receive a supply of needed medications for the next 8-12 hours to support them during transfer?
- If a copy of the patient's medical and medication record, and radiography, physically accompanies the patient?
- A mechanism to instruct EMS and receiving facilities on the important therapies the patient may need over the next 8-12 hours?

Patient Tracking System (including patient records)

Does your plan specify:

- Multiple check-in/check-out data collection points throughout the evacuation process?
- How check-in/check-out data are collected and reported centrally?
- How tracking information will be available to the patient's treating clinicians?
- How tracking information will be available to the patient's family?
- If the patient tracking system is adaptable to adverse conditions (i.e. paper-only if there is no electricity)?
- Who is responsible for compiling/securing patient records?



<input type="checkbox"/> How the tracking system used for evacuation integrates into existing EMS patient tracking tools (MCI based)?
Patient Destination Planning Does your plan specify:
<input type="checkbox"/> How transfer beds will be identified and secured for evacuated patients?
<input type="checkbox"/> Who will carry out the task of finding beds, apart and separate from patient tracking activities?
<input type="checkbox"/> How point-to-point communication will occur between hospitals?
<input type="checkbox"/> Who is expected to be the point of contact at the other hospitals?
<input type="checkbox"/> Redundancies in knowing the patient's destination?
<input type="checkbox"/> If there is a preference for hospitals within your network (if applicable) when determining patient destinations?
<input type="checkbox"/> Measures in place for the special patient populations in your hospital that need a special type of hospital for transfer (i.e. Level II nursery, burn center, tertiary hospital, etc.)?
<input type="checkbox"/> The role of EMS in destination planning?
<input type="checkbox"/> The role of local public health in destination planning?
<input type="checkbox"/> The role of DPH in destination planning?
<input type="checkbox"/> How the hospital IC structure will coordinate/communicate with the relevant external agencies (DPH, EMS) during the evacuation?
Patient Staging (Assembly Point) Does your plan specify:
<input type="checkbox"/> Patient staging for all or a majority of the patients outside of the main hospital building(s)?
<input type="checkbox"/> If the patient staging site is usable year round?
<input type="checkbox"/> If the staging site has sufficient access to emergency electrical power for medical equipment?
<input type="checkbox"/> Supplying the staging area with extra medications (and possibly a pharmacist) if new medical needs arise?
<input type="checkbox"/> A resuscitation area within the staging location if patients destabilize during transfer?
<input type="checkbox"/> Ready access to medical supplies (i.e. IV fluids) and oxygen for resupply of critical patient care needs at the staging site?
<input type="checkbox"/> How patients will receive ongoing care during evacuation (i.e. medications, fluids, etc.)?
<input type="checkbox"/> Special measures are in place for acute or critically ill patients?
<input type="checkbox"/> Special measures in place for pediatric (including neonatal) patients?
Patient Discharge Does your plan specify:
<input type="checkbox"/> How staff oversee the process (centralized vs. decentralized) of discharge?
<input type="checkbox"/> Where patients will be assembled while awaiting family/transport after discharge?
<input type="checkbox"/> A main assembly point for processing evacuees once they have departed the care units?
<input type="checkbox"/> A mechanism to discharge patients who simply leave the hospital during an evacuation and how such patients are noted?



Patient Movement and Support

Does your plan specify:

- Who will carry out the physical moving of patients from the units to the Assembly Point/egress?
- How routes will be established/marked and monitored for back-ups?
- If there are outdoor transit/exposure issues associated with routes?
- Mechanism in place for patient movement if the elevators are not operational?
- How will the mobility level of patients be assessed? Who can decide if an appropriate day to day ambulatory level cannot be considered ambulatory in an emergency?
- If you own special equipment for stair transport of stretcher-bound patients?
- If your staff is trained to "package" a patient with all necessary medical equipment for stair transports?
- If those expected to manually transport the patients down the stairs have practiced this transport?
- How long full evacuations by stairs take?
- How you will communicate with the floors to let them know when to evacuate?
- If the floors leave when possible, or if they must wait for a central order?
- How long you expect most patients to be in transit from original bed to destination bed?
- If the oxygen, medication, etc. and other patient supplies will last for the longest anticipated transit time?
- If EMS is expected to meet the patient at the curb or a staging area, or they are to come to the floors to pick up patients?
- How EMS knows the destination of the patient?
- If hospital medical staff (MD, RN, RT, etc.) are expected to accompany certain patients to their destinations and how they will return to the main campus?
- If your hospital medical staff is able to practice at other hospitals (pay, liability, etc.)?

Resources Needed for Evacuation Operations

Does your plan specify:

- The additional equipment you require?
- How resources are being tracked and located as they are used?
- Who is managing the labor pool?
- The labor needs at this time?
- Staff capable of performing heavy physical labor?
- Methods for addressing staff mobility issues?
- Methods of patient transport that will be utilized to execute transfers?
- With whom you are coordinating regarding the transport of patients (CMED, local EMS/Fire)?
- Roles other agencies will play in the hospital evacuation?
- How other agencies will be coordinated?
- If the outside agencies have adequate resources available to assist?
- The support outside agencies can offer?



<input type="checkbox"/> If your organization has enough resources?
<input type="checkbox"/> The Mutual Aid Agreements that are in place to support this kind of operation?
<input type="checkbox"/> Whom you would turn to for assistance and have you coordinated with them about this?
<input type="checkbox"/> How patient and staff safety will be monitored during operations?
<input type="checkbox"/> Who stays behind to secure the hospital?
<input type="checkbox"/> A checklist of items that need to be secured (i.e. pharmacy, utilities, etc.)?
<input type="checkbox"/> Source of the personnel and how long will they are available to be committed?
<input type="checkbox"/> The plan to handle shift changes?



RECOVERY

Recovery Objectives

Does your plan specify:

- Your recovery priorities?
- Who determines the recovery priorities?

Process of Reopening the Facility

Does your plan specify:

- Who has the authority to reopen the facility?
- Who is involved in the reopening process?
- The process to make this happen?
- Defined triggers for reopening?
- The process you will use to appraise the status of your hospital?
- The functions that must be in place before you can return?
- The resources that are needed for re-entry efforts?
- If it is possible to return to the hospital before the facility is fully operational?
- The security considerations that will be factored into the decision to reopen the hospital?
- If you have enough resources/personnel to assist in the recovery?

Communication During Recovery

Does your plan specify:

- Who you are communicating with at this point in time?
- How hospital staff will be notified about the reopening?
- How you will notify the public that the hospital is reopened for business?
- What role partner agencies will play in repopulating the hospital facility?
- What process will be followed to reconstitute the local response capability?