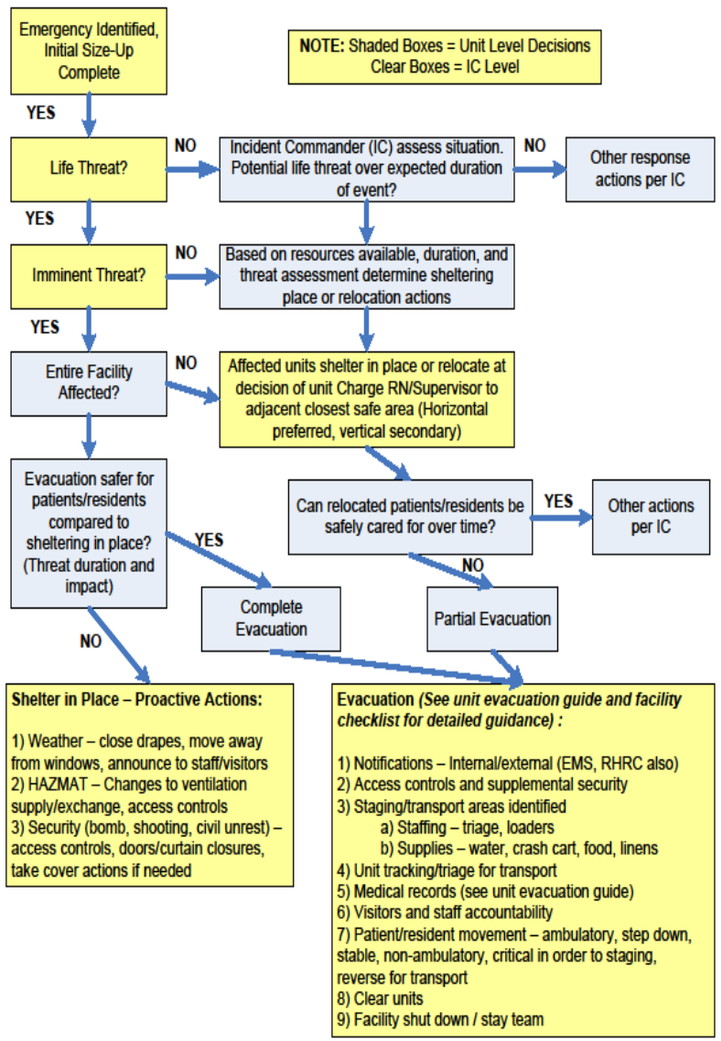
HOSPITAL EVACUATION JOB AID

Threat Assessment and Decision Tool



COMMAND JOB AID
Initial assessment
Review threat intensity and likely duration
Review any unit-based relocations that are occurring and anticipate needs
Determine, based on the unit-based impacts the need for sheltering vs. relocation of displaced patients vs. partial or full evacuation to other institutions (see relevant sections below)
Assure damage and utilities impact assessment (Infrastructure Branch Director)
Shelter in place
Instruct Infrastructure Branch Director to shut down air intakes if plume threat or internal ventilation if internal HAZMAT spill
Implement necessary access controls and monitoring in response to threats (Security Branch Director)
Communicate protective actions (door and drape closings, etc) to affected units as well as any event specifics
Relocation
Determine affected units and actions taken, notify affected units
Determine facility capacity for relocated patients – if insufficient see evacuation
Assure resources (staff and supplies) transferred to units with relocated patients
Assure all patients accounted for and information transferred to receiving units
Determine timeframe to recover affected units and any effects on patient admissions, scheduling (e.g. surgeries) and flow
Evacuation
Determine scope of evacuation (partial for subset of patients / areas – for example ICU patients, complete for total facility evacuation) based on threat
Consider appointment of Evacuation Branch Director under Operations if Operations has multiple other issues (fire, etc) to address
Activate any appropriate facility response plan alerts
Announce evacuation order to affected units / institution
Determine whether usual staging area(s) can be used and announce alternatives
Assign Staging Manager and Transportation Officer (HICS positions) to coordinate patient and vehicle staging according to evacuation plans
Initiate coordination between Planning Chief and Resource Unit on transportation (see table in EOP Evacuation Annex) and facilities to accept patients/residents and report back to IC
Contact RHPC (**insert phone number**) for coordination assistance
Place alert on MnTrac or appropriate electronic communication tool regarding scope of evacuation and any EMS diversion actions
Notify local EMS agency of situation and activate any mutual aid plans; summon necessary public safety assistance
Security to implement appropriate access controls – no family or visitors inside during evacuation
Security coordinates with local law enforcement regarding external traffic Controls
Logistics Chief to assure pharmaceuticals and supplies to staging areas
Distribute staff and resources to affected areas to facilitate patient / staff movement to staging areas
PIO to communicate facility status to media and families
Assure matching of patients to appropriate transfer facility
Assure patient tracking by transportation officer at time of loading
Assure prioritized movement of patients to and through staging (in non-emergency evacuation, Staging Manager should call units to sequentially evacuate them)
In case of complete evacuation – appoint Stay Team Unit Leader

STAGING JOB AID
Immediate (Operational Period 0-2 Hours)
Receive appointment and briefing from the Operations Section Chief. Obtain Staging Unit Job Action Sheets
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.
Notify your usual supervisor of your HICS assignment.
Determine need for and appropriately appoint Evacuation Staging Team Leaders, distribute any corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204).
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.
Brief the Evacuation Staging Team Leaders on current situation; outline branch action plan and designate time for next briefing.
Identify appropriate area(s) to serve as Staging Area(s) based on patient acuity for the preparation of transporting patients and their equipment from facility to an accepting facility.
Coordinate staging needs of all patients and their equipment and all evacuation staging team members. Request additional or rotation of staff to evacuation staging areas in coordination with Labor Pool & Credentialing Unit and Transportation Unit Leader
Regularly report Evacuation Staging Area(s) status to Operation Section Chief.
Assess problems and needs; coordinate with Operations Section Chief.
Instruct all Evacuation Staging Team Leaders to evaluate situation, including patients, equipment, supplies, and medication inventories and staff needs in collaboration with Logistics Section Supply Unit Leader; report status to operations Section Chief and Supply Unit.
Continue coordinating transport of patients and their equipment from staging to the transport area, working with the Transport Manager as needed.
Ensure prioritization of problems when multiple issues are presented.
Develop and submit an Evacuation Staging Area action plan to the Operations Section Chief when requested.
Ensure documentation is completed correctly and collected.
Make notification and advise the Operations Section Chief immediately of any problems encountered or operational issue(s) you are not able to correct or resolve.
Ensure staff health and safety issues being addressed; resolve with the Safety Officer.
Extended (Operational Period Beyond 12 Hours)
Continue to monitor the Evacuation Staging Team's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.
Coordinate assignment and orientation of personnel sent to assist patient/resident
Rotate staff on a regular basis.
Document actions and decisions on a continual basis.
Continue to provide the Operations Section Chief with periodic situation updates.
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit Leader. Provide for staff rest periods and relief.
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.
Demobilization/System Recovery
As needs for Evacuation Staging Area decrease, return staff to their normal jobs or release and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader.

Demobilization/System Recovery (*continued*)

Assist the Operations Section Chief and Branch Directors with restoring facility resources to normal operating condition.

Ensure the retrieval/return of equipment/supplies

Debrief staff on lessons learned and procedural/equipment changes needed.

Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow-up requirements.

Upon deactivation of your position, ensure all documentation and Evacuation Staging Unit Operational Logs (HICS Form 214) are submitted to the Operations Section Chief.

Submit comments to the Operations Section Chief for discussion and possible inclusion in the after-action report; topics include:

- Review of pertinent position descriptions and operational checklists
- Recommendations for procedure changes
- Section accomplishments and issues

Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.

STAGING TEAM MEMBER

Initial tasks

Receive patients/residents into Staging area and confirm hand off information is accurate (Evacuation tag and Patient Evacuation tracking form HICS 260)

Assure patient/residents comfort and medical needs are met (personnel, medication, water, blankets)

Communicate any personnel/supply needs to Staging Team Leader

Subsequent tasks

Group patients for transport loading by acuity or destination (dependent upon size of event and number of staging locations)

At the end of shift brief Evacuation Staging Team Leader on any current problems or any outstanding issues

Complete and submit any documentation to Evacuation Staging Team Leader

Demobilization

Ensure equipment and supplies are retrieved/returned

Upon deactivation of your position brief Evacuation Staging Team Leader on any current problems or any outstanding issues

Complete and submit any documentation to Evacuation Staging Team Leader

TRIAGE OFFICER

Initial tasks

Assure basic medications and any needed IV fluids or patient care supplies are available or requested via Staging Manager

Assist with identifying and clearing space for Green/Yellow/Red patients

Assess patients arriving to staging for:

- Discharge home – (depending on situation may be held for discharge or transferred to another safer location nearby for discharge)
- Transfer to other facility:
  - Green – ambulatory, low acuity (bus, etc.)
  - Yellow – non-ambulatory, non-critical care (WC or BLS vehicle)
  - Red – critical care (ALS / critical care)

Assure evacuation tag applied and reflects priority for transfer accurately

Subsequent tasks

Group patients for transport loading by acuity

Direct staff to provide necessary patient cares during staging period

Coordinate with Staging Manager (or Officer, if several staging sites) and Transport Officer regarding supplies, patient loading priority, appropriate vehicle for transport, and flow issues

TRIAGE LEVEL	Priority for Evacuation off nursing unit **REVERSED START PRIORITY**	Priority for Transfer from the transport staging area to another healthcare facility **TRADITIONAL START PRIORITY**
RED STOP	These patients require maximum assistance to move. In an evacuation, these patients move LAST from the inpatient unit. These patients may require 2-3 staff members to transport.	These patients require maximum support to sustain life in an evacuation. These patients move FIRST as transfers from your facility to another healthcare facility.
YELLOW CAUTION	These patients require some assistance and should be moved SECOND in priority from the inpatient unit. Patients may require wheelchairs or stretchers and 1-2 staff members to transport.	These patients will be moved SECOND in priority as transfers from your facility to another healthcare facility
GREEN GO	These patients require minimal assistance and can be moved FIRST from the unit. Patients are ambulatory and 1 staff member can safely lead several patients who fall into this category to the staging area.	These patients will be moved LAST as transfers from your facility to another healthcare facility.

DEFINITIONS

Shelter in place	Patients are sheltered on the same unit within a facility (though minimal movement may be necessary to move them away from a specific hazard)
Relocation	Patients are moved to other units within the same facility (i.e. on that facility campus) due to a safety issue on that unit or within that building. Movement may be horizontal (preferred) or vertical within the facility.
Evacuation	Patients are moved to another healthcare facility for continued care due to unsafe conditions. Partial evacuation - may involve a subset of patients (e.g. dialysis patients moved due to unsafe water following flooding) or complete evacuation - all patients from the facility
Urgent	Evacuation that must occur within a matter of hours – for example, in anticipation of flooding or in response to another evolving hazard
Emergent	No-notice or emergency evacuation – for example, a fire within the facility may require immediate evacuation depending on the scope.

Unit	Phone extension	Beds	Red	Yellow	Green	Notes
Hospital Command Center						
Intensive Care						
Med/Surg						
Pediatrics						
Ortho						
Rehab						
Psychiatry						
OB/Gyn						
Stepdown						

OTHER CONTACT NUMBERS

Title	Name	Phone