

# Hospital evacuation

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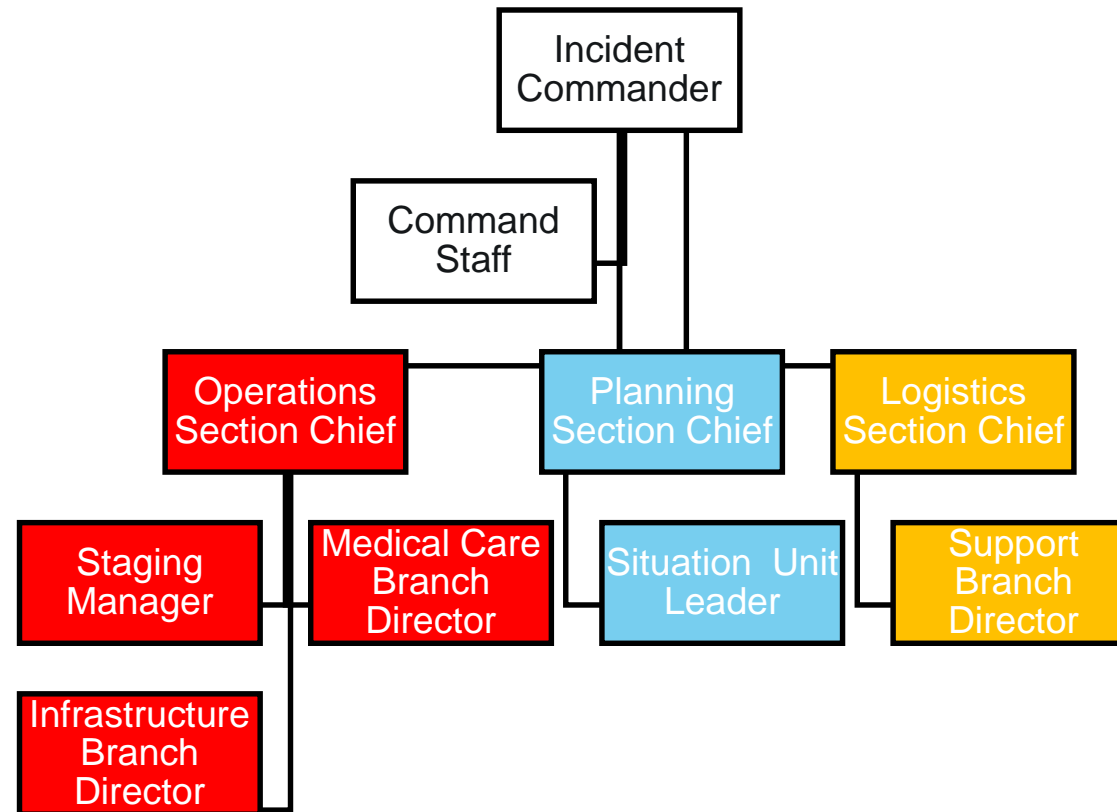


## Questions to Consider

- Who at your facility can order an evacuation?
- What would the sequence of patient evacuation be in your facility? By acuity level or by floor and why?
- What alternative care sites are available to accommodate your patient population in an evacuation situation?



## Hospital Incident Command System Structure(0-2 Hours)



# Incident Commander

- Activate the facility emergency operations plan and the Incident Command structure
- Appoint Command Staff and Section Chiefs
- Determine type of evacuation needed—immediate vs. delayed; vertical, horizontal, or complete
- Order organized and timely evacuation of the facility

# Liaison Office

Communicate with local emergency management agency, Fire, EMS and law enforcement about facility status and evacuation order.



# Safety Officer

- Oversee immediate stabilization of facility
- Recommend areas for immediate evacuation to protect life
- Ensure safe evacuation of patients, staff and visitors



# Operations Section



- Implement emergency life support procedures to sustain critical services (i.e., power, water, communications) until evacuation can be accomplished
- Determine evacuation type needed, with Incident Commander—immediate, delayed; vertical, horizontal, complete
- Implement planning for immediate evacuation of the facility
- Prioritize patients and areas of the facility to be evacuated
- Prepare patient records, medications and valuables for transfer
- Confirm transfer and timeline with accepting hospitals, provide patient information



# Planning Section

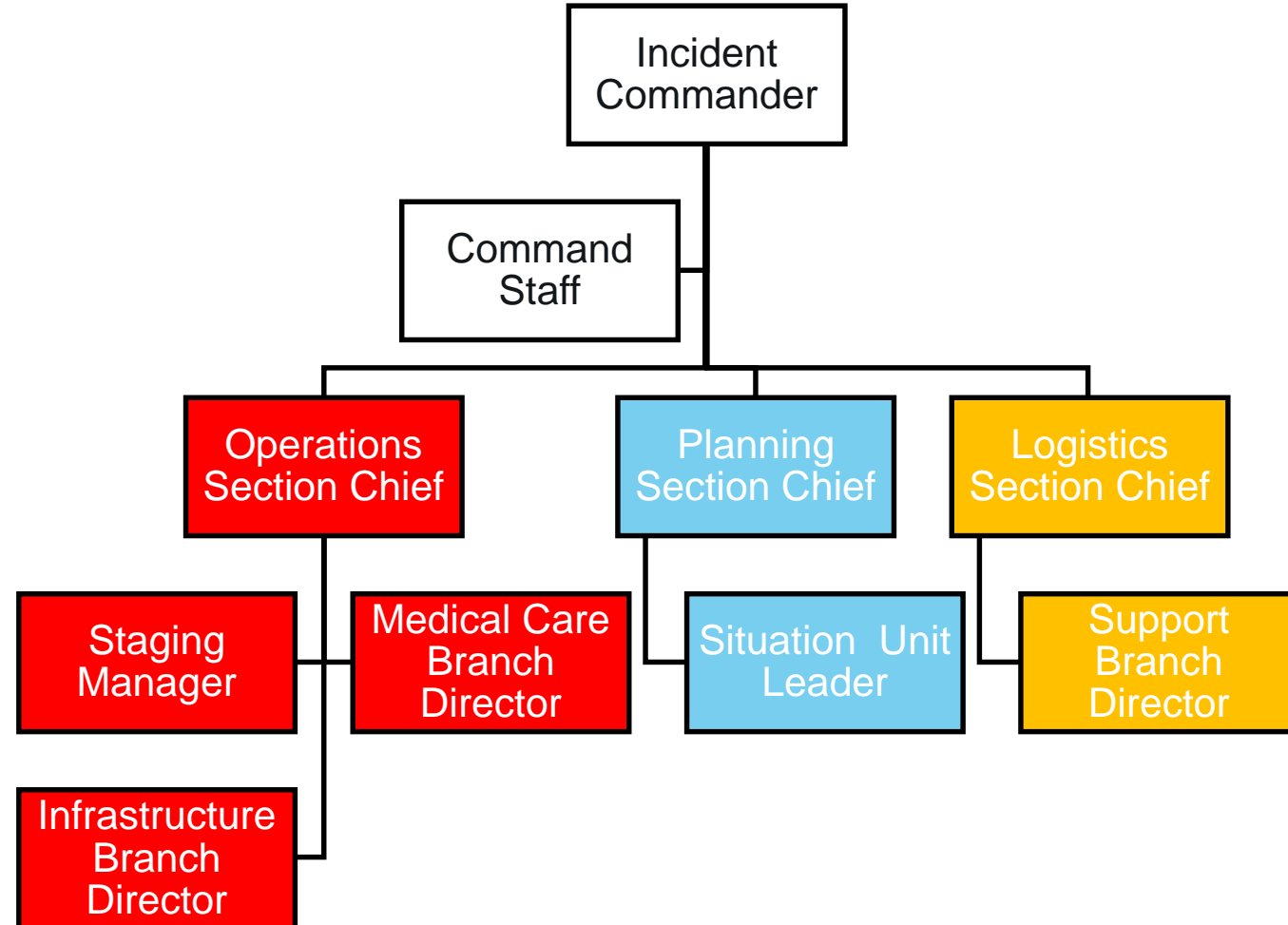


- Track patients and personnel including evacuation location and receiving facility
- Establish operational periods, incident objectives and develop Incident Action Plan with Incident Commander
- Ensure documentation of all actions and activities





## Hospital Incident Command System Structure (2-12 Hours)



## Evacuation: Intermediate (2-12 Hours)

### □ Incident Commander

- Notify hospital Board and other internal authorities of situation status and evacuation

### □ Liaison

- Integrate with external agencies, including healthcare facilities

### □ Safety Officer

- Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients and facility; implement corrective actions to address

## Evacuation: Intermediate (2-12 Hours)

### □ Operations Section

- Ensure appropriate patient care and management during evacuation
- Continue facility security, traffic and crowd control
- Ensure family notification of patient transfer
- Continue facilitating discharges
- Continue to communicate patient information and status to receiving facilities



## Evacuation: Intermediate (2-12 Hours)

### □ Planning Section

- Continue patient and personnel tracking and documentation
- Update and revise the Incident Action Plan
- Ensure complete documentation of activities, decisions and actions

## Evacuation: Intermediate (2-12 Hours)

### □ Logistics Section

- Supply supplemental staffing to key areas to facilitate evacuation
- Provide for staff food and water and rest periods
- Monitor facility damage and initiate repairs, as appropriate, as long as it does not hinder evacuation of the facility
- Initiate salvage operations of damaged areas and relocate equipment from evacuated areas to secure areas or to other facilities

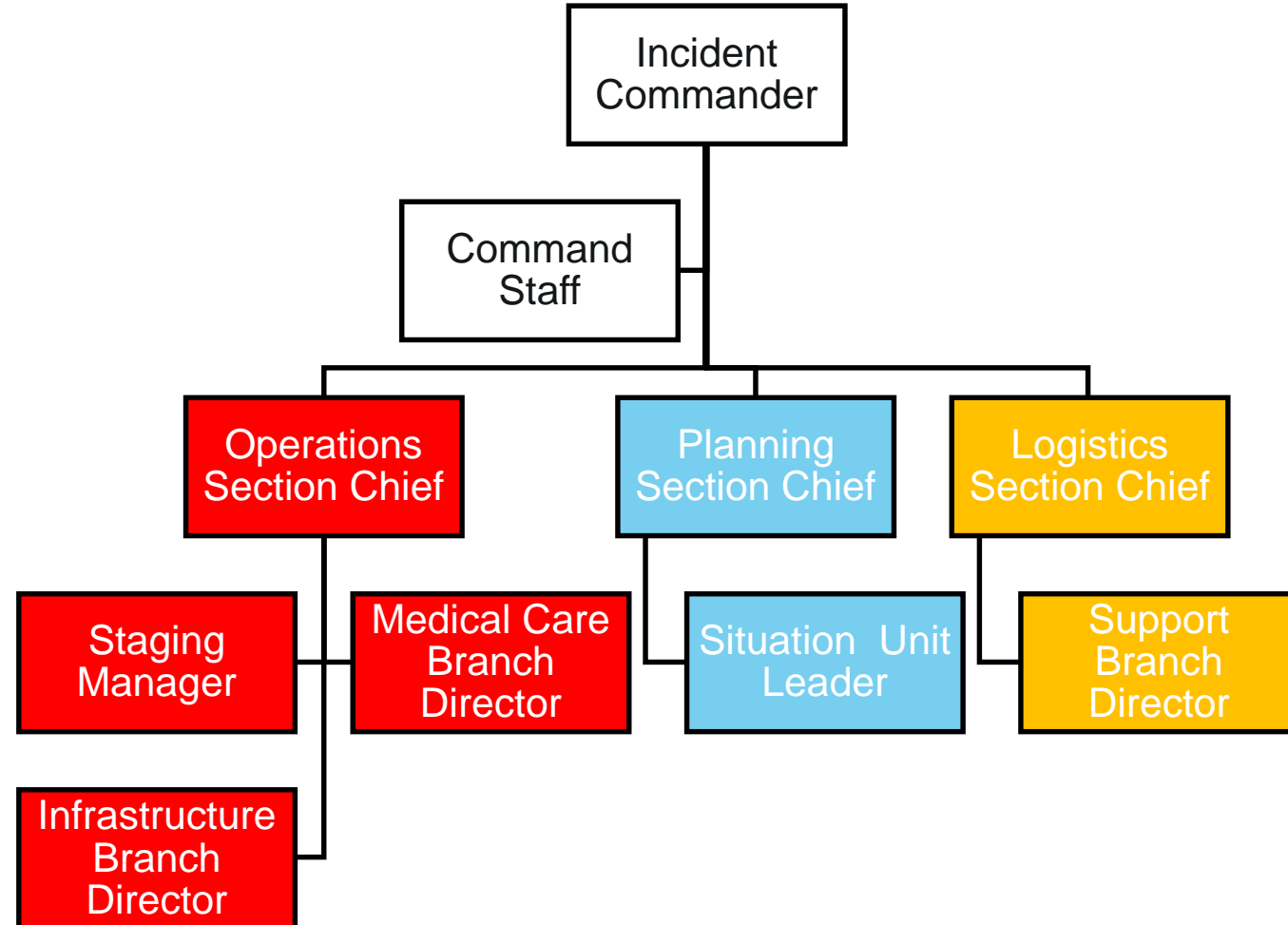
## Evacuation: Intermediate (2-12 Hours)

### □ Finance/ Administration Section

- Track costs and expenditures of response and evacuation
- Track estimates of lost revenue due to evacuation of the facility



## Hospital Incident Command System Structure (12+ Hours)





# Evacuation: Extended

## □ Incident Commander

- Meet with Command Staff and Section Chiefs to update evacuation progress and situation status

## □ Liaison Officer

- Continue to update local emergency management, Fire, EMS and law enforcement officials on situation status and evacuation progress

## □ Safety Officer

- Continue ongoing evaluation of evacuation practices for health and safety issues related to staff, patients, and facility, and implement corrective actions

# Evacuation: Extended

## □ Operations Section

- Ensure patient care and management for patients waiting evacuation
- Secure all evacuated areas, equipment, supplies and medications
- Continue business continuity and recovery actions

# Evacuation: Extended

## □ Planning Section

- Continue to track patients and staff locations
- Track materiel and equipment transferred to other hospitals
- Prepare a demobilization plan and deactivate Hospital Command Center positions and staff when they are no longer necessary
- Discuss staff utilization and salary practices during evacuation and closure of the facility with Human Resources; provide information to employees when determined
- Continue to ensure documentation of actions, decisions and activities
- Update and revise Incident Action Plan

# Evacuation: Extended

## □ Logistics Section

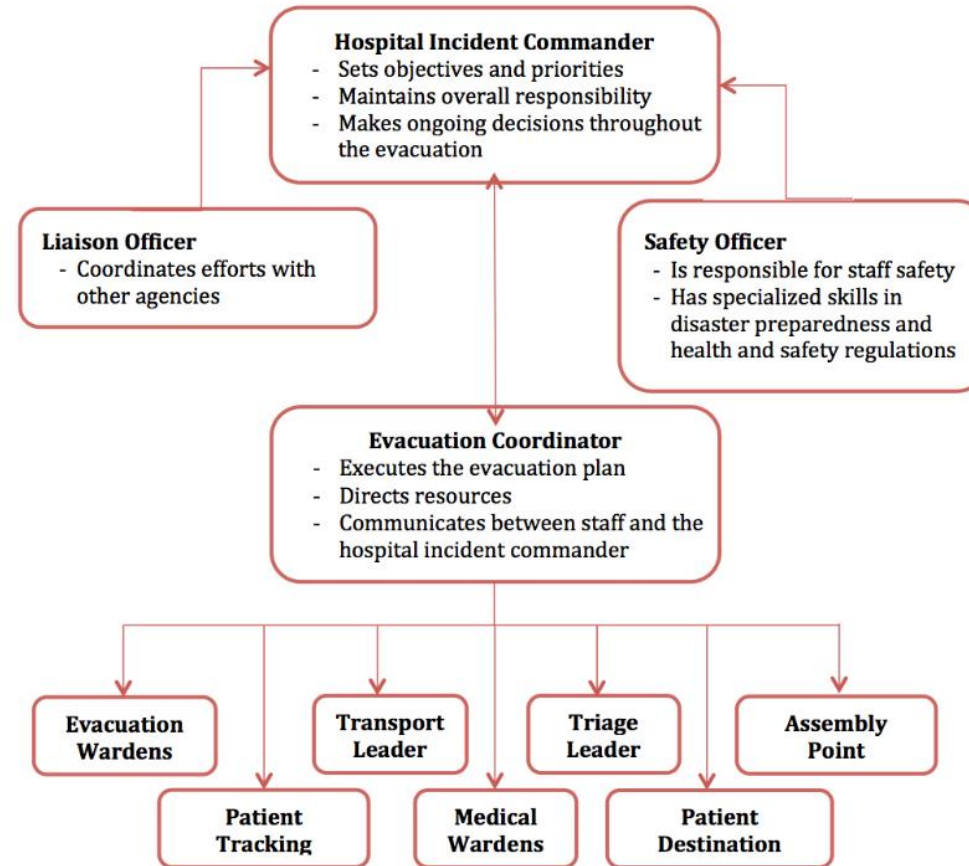
- Maintain information technology security
- Support evacuation of supplies (medical, food, water, other equipment)
- Assess and secure utility systems

## □ Finance and Administration

- -Continue to track and report response costs and expenditures and lost revenue



# Hospital Incident Command System Structure



## Roles/Staff Assignments

- Evacuation is an extremely labor-intensive process. Teams of staff members assigned duties to support the evacuation should be activated immediately. Some staff may need to be called in from home, but this is more likely a requirement if an evacuation occurs during the evening shift, the night shift, or weekend hours.
- Estimated needs with respect to staff resources depend on a facility's patient demographics.

# Example Staff Assignment Chart

Function	Supervisor	Estimated Staff
Prepare patients for evacuation	Evacuation Warden	Fill in staff requirements(dependent on hospital requirements)
Transport patients to assembly point	Transport Leader	
Track patients at assembly point	Patient Tracking Supervisor	
Assess patients at assembly point (assign one clinician for each patient care unit until additional clinicians have arrived at the assembly point)	Assembly Point Leader	
Care for patients/support nurses at assembly point (identify number of staff members needed for each unit)	Medical Warden	
Relay information/supplies/medications between assembly point and hospital (identify number of runners needed for each assembly point)	Assembly Point Leader	
Triage patients for transportation or discharge	Triage Leader	
Arrange vehicle transport for patients and ensure patient readiness to travel	Transport Leader	
Care for/assist patients at discharge site	Discharge Site Leader	
Determine emergency contacts/assist with family notification	Administrator	
Triage patients for transportation or discharge	Triage Leader	
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# Patient Tracking

There should be designated “**patient tracking**” staff who are responsible for tracking and reporting on the location of patients throughout the evacuation process to provide continuous accountability.

- An individual designated to perform head counts at the assembly points.
- Staff assigned to check rooms and floors to ensure that they have been vacated.
- Senior personnel in each department responsible for addressing special hazards or concerns (e.g., turning off medical gases, performing head counts in their areas of responsibility).

# Medical Records

- Medical records are usually located on the wards with the patients. Ensure that medical records accompany patients when they evacuate the facility
- Medications and critical equipment for patients should be taken as well. A specific protocol for ensuring that records leave with patients should be established as part of the evacuation procedures.
- Consideration should be given to storing all of a health facility's medical/essential records in fireproof filing cabinets (although such equipment can be extremely expensive).

## Patient Status/Location

Patients' current locations and their destinations must be determined by the hospital's **incident commander**.



## Emergency Contacts/Family Notification

There should be an emergency contact for all patients. Information on this contact person is usually kept with the patient's medical records. In an evacuation, designated personnel should:

- Attempt to notify family members and other responsible parties about the patient's transfer destination.
- Answer calls and respond to questions from family members about the patient's welfare and location.

# Assembly Points and Discharge Site Locations

The hospital should identify several locations surrounding the building that could be used as assembly points, holding areas, and/or discharge sites.

## Assembly Point/ Holding Area

A place or set of places where patient care units gather (outside the main clinical buildings of the hospital) to receive basic care and await transfer or reentry back into the hospital. Assembly points are not intended to be comprehensive field hospitals; rather, they should be designed as holding areas where **only essential care** resources are available.

## Discharge Site

The place where patients who are being discharged home wait for family or friends to pick them up. Discharge sites should be located some distance away from assembly points to **minimize traffic** congestion and competition for roadways.

## Important considerations include

- ❖ **The proximity and size** of assembly points and discharge sites: While an assembly point in close proximity to the hospital can aid in the effort to relocate fragile patients during an evacuation, it also can be of concern in any event involving an explosive device, chemical hazard, or some other type of potentially expansive threat.
- ❖ **Economies of scale:** The selection of assembly points and discharge sites should take into account that it is difficult for clinical support services (e.g., the pharmacy service) to support patient care in many separated locations.
- ❖ **Site identification:** Several nearby sites should be identified, and their willingness to help in the event of an emergency should be confirmed. If an emergency occurs, these sites should be contacted immediately.

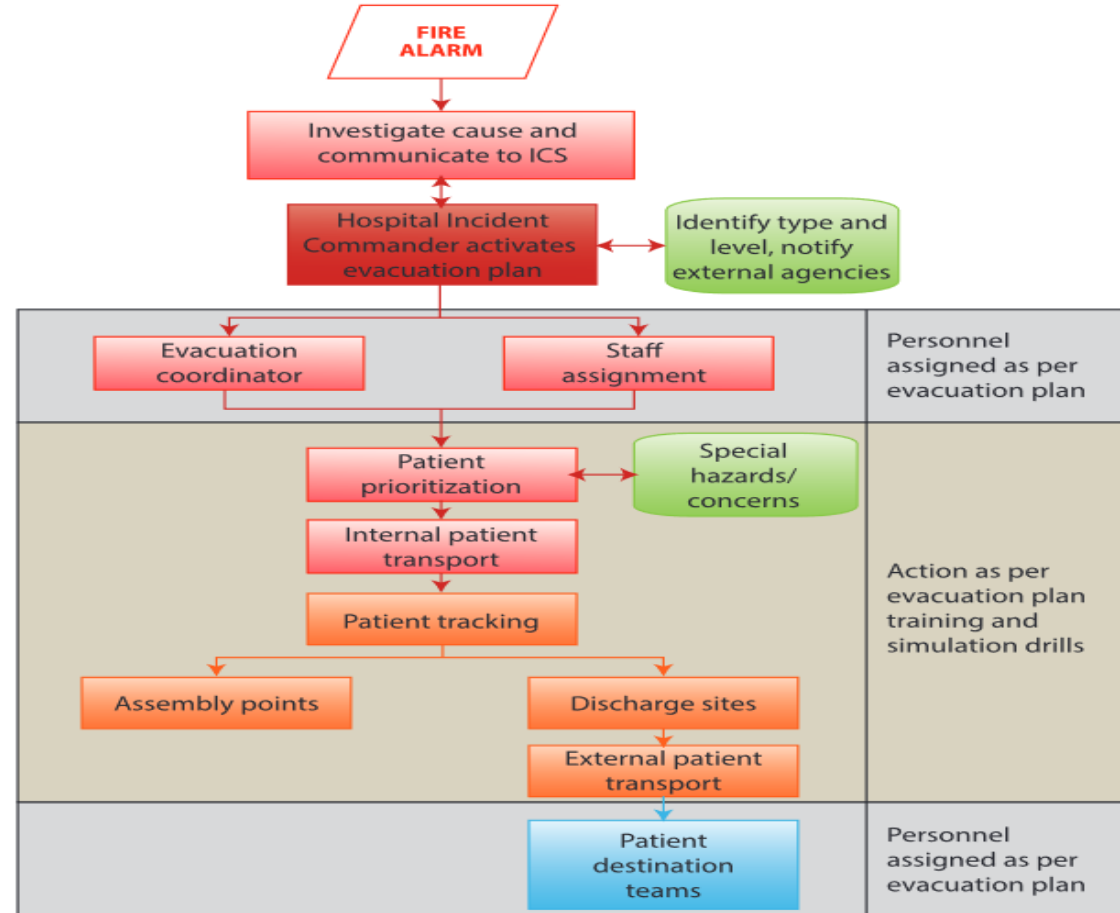
## Patient Destination Team

If patients are to be relocated to alternative health facilities, a patient destination team should be activated. This team should include a representative from the incident command group as well as senior nurses, admitting office representatives, and case managers.

All physicians and nurse practitioners must be notified that the patient destination team has been activated and is arranging appropriate destinations for all patients. It is vitally important to the success of the evacuation that individual physicians not compete with the team and attempt to arrange transfers on their own.



# Process Overview



## Questions to Consider

- Who in your organization would fill the roles of Incident Commander, Planning Chief, Logistics Chief, and Operations Chief?
- Who are their backups in case they are away from the facility?
- How would your Incident Management Team make transitions between operational periods if the event extended several days?

# Demobilization/ System Recovery

## □ Incident Commander

- Assess if criteria for partial or complete reopening of the facility are met
- Orders reopening and repatriation of patients
- Oversees restoration of normal hospital operations
- The incident commander is the last one to stand down their position.

# Demobilization/ System Recovery

## □ Liaison Officer

- Notify other response agencies involved with the incident (Office of Emergency Management, Fire, EMS) of incident termination and reopening of facility

## □ Safety Officer

- Oversee the safe return to normal operations and repatriation of patients

# Demobilization/ System Recovery

## □ Operations Section

- Restore patient care and management activities
- Repatriate evacuated patients
- Re-establish visitation and non-essential services

## Operations: Assessment Teams

- ☐ Security and fire safety
- ☐ Medical
- ☐ Ancillary services
- ☐ Materials management
- ☐ Support services
- ☐ Facilities
- ☐ Biomedical engineering
- ☐ IT & communications



## Operations: Assessment Teams

- Assessment teams are an effective way of evaluating a closed facility to determine its status, what needs to be accomplished in the recovery process, and when it is fit to be reopened. They consist of experts that can evaluate a specific function of the facility, report back on its status, and identify exactly what must be done to make it safe and operational again.
- The teams tour the entire facility (internal and external) inspecting any areas that fall under their assigned function. The teams should note the condition of the item/ area, whether it is safe or not, any repairs that should be made (if repairable), and what course of action should be taken to safely bring their area into a functional status (develop a plan). This information should be reported back to the administration and incident commander.
- Sub teams can (and should) be developed to assist with specific functions/ inspections.



# Demobilization/ System Recovery

## □ Logistics

- Implement and confirm facility cleaning and restoration, including:
- Structure
- Medical equipment certification
- Provide debriefing and mental health support
- Inventory supplies, equipment, food, and water needed to return to normal levels

# Demobilization/ System Recovery

## □ Planning Section

- Finalize the Incident Action Plan and demobilization plan
- Compile a final report of the incident and hospital response and recovery operations
- Ensure appropriate archiving of incident documentation
- Write after-action report and corrective action plan to include the following:
  - Summary of actions taken
  - Summary of the incident
  - Actions that went well
  - Area for improvement
  - Recommendations for future response actions

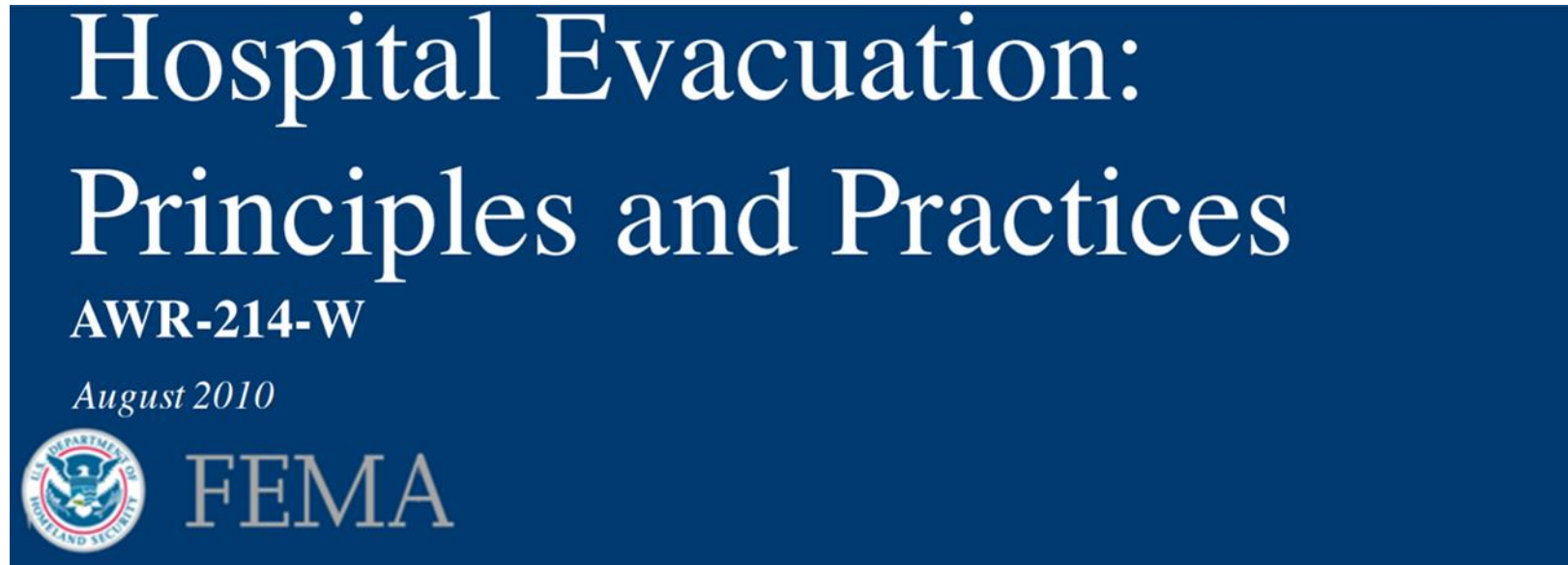
# Demobilization/ System Recovery

## □ Finance/Administration

- Compile final response, recovery cost and expenditure, estimated lost revenues
- Submit to Incident Commander for approval
- Contact insurance carriers to assist documenting structural and infrastructure damage and initiate claims

# References

- Hospital Incident Command System. Incident Planning Guide: Evacuation, Complete or Partial Facility. August 2006. Available at <http://www.hicscenter.org/docs/206.swf>



# THANKS

