



**Hospital Evacuation Planning**  
**Managing the Worst-Case Scenario**

Incident Management Solutions, Inc.  
Planning Training Leadership

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Certified Emergency Manager

The slide features a background image of a hospital hallway with people and a stretcher. A logo for the Metropolitan Healthcare Safety/Security Directors Association is in the top left. The title is in large yellow and red text. The presenter's name and credentials are at the bottom.

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**Joint Commission Requirements**  
Emergency Management Chapter 02.02.03; 02.02.11

- Processes for full facility evacuation
- Horizontal and vertical
- When the environment cannot support care, treatment, and services
- Processes for establishing an alternative care site(s)
- Capabilities to meet the needs of patients, including treatment and services for the following:
  - Transporting patients, staff, and equipment
  - Transferring the necessities of patients (medications, medical records)
  - Tracking of patients
  - Inter-facility communication between the hospital and the alternative care site(s)

Incident Management Solutions, Inc. | The Joint Commission

The slide has a background image of a hospital hallway. The title is in red. The list of requirements is in blue. Logos for Incident Management Solutions, Inc. and The Joint Commission are at the bottom.

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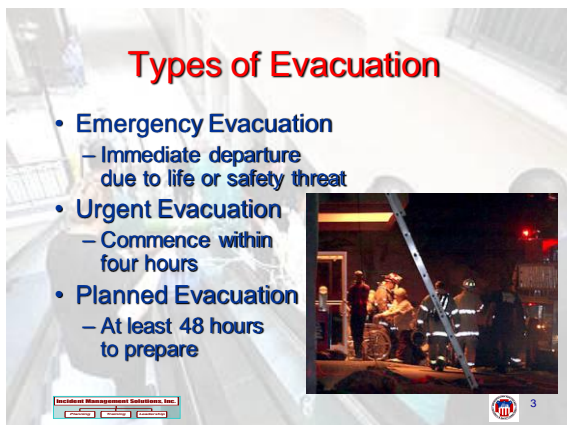
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**Types of Evacuation**

- **Emergency Evacuation**
  - Immediate departure due to life or safety threat
- **Urgent Evacuation**
  - Commence within four hours
- **Planned Evacuation**
  - At least 48 hours to prepare



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The slide features a background image of a hospital hallway. The title is in red. The list of evacuation types is in blue. An inset image shows an ambulance at night with emergency lights. Logos for Incident Management Solutions, Inc. and the number 3 are at the bottom.

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### Activation Levels

- Level 1 – Alert for potential evacuation
- Level 2 – Limited area / horizontal
- Level 3 – Limited area / vertical
- Level 4A – Large area / building
- Level 4B – Entire campus



**Code Green**



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### Emergent Evacuation

- Non-patient areas
- General in-patient areas
- Critical care, specialty care, operating suites, dialysis units
- Conclusion of emergent evacuation



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### Urgent and Planned Evacuations

- Pre-evacuation actions
- Patient preparation
- Patient movement sequencing
- Maintaining continuity of care



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### Patient Mobility Levels

- Ambulatory
- Wheelchair
- Non-Ambulatory
  - Lowest acuity
  - Moderate acuity
  - Critical care
  - Interrupted procedure
  - Arm-carry
- Behavioral Health
- Discharge-ready



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### GO Kits

- Unit / Team Leader vests
- Clipboards / checklists
- Mobility triage tape
- GO pouches
- Re-sealable medication bags
- Chemical light sticks
- Chalk / tape for evacuation marking
- Pens / markers



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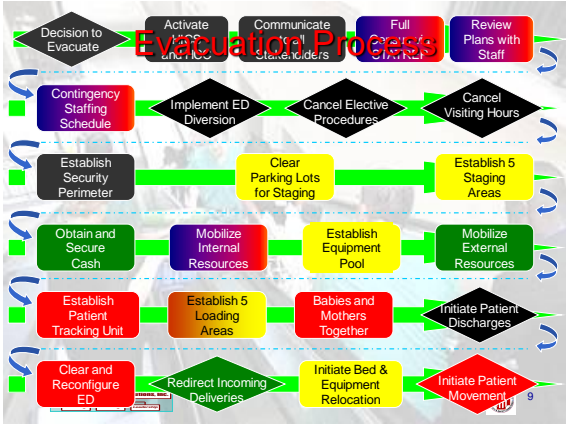
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### Patient Movement Flow

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graph LR; Unit[Unit] -- Horizontal Movement Team --> HoldingArea[Holding Area]; HoldingArea -- Vertical Movement Team --> LoadingArea[Loading Area]; LoadingArea -- Transport To Onward Destination --> Destination[Transport To Onward Destination];
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- Horizontal movement
  - From unit to Patient Holding Area
  - Horizontal Movement Team
- Vertical movement
  - From Holding Area to Patient Loading Area
  - Vertical Movement Team
- Patient loading
- Movement to onward destination
- Placement at onward destination

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### Patient Movement Sequencing

- By mobility level
- Focus on efficiency
- First, move the ambulatory
  - Ambulatory elderly and behavioral health may be moved faster as wheelchair patients
- Discharge-eligible patients
- Wheelchair patients
- Non-ambulatory patients
  - From lowest to highest acuity

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### Special Situations

- Mothers and babies together
- Specialty care patients
- Airborne infectious isolation patients
- Morbidly obese patients

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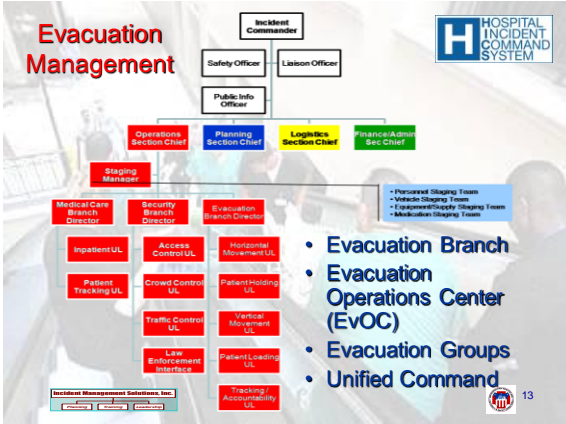
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### Response Considerations

- Authority to evacuate
- Lead time and decision-making
- Evacuation alternatives / strategic options
  - Shelter-in-place
  - Establish a buffer zone
  - Add resources
  - Partial or localized relocation
  - Alteration in the standard of care

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### Logistical Considerations

- Incident facilities
- Staff mobilization and assignments
- Alternate site selection
- Pharmacy
- Receiving facility guidelines
- Facility shutdown procedures
- Recovery and return
- Training and exercises

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### Maintaining Continuity of Care

- Clinical staff
- Equipment and supplies
  - Surge Area Supply Cart
  - Oxygen
  - Biomedical equipment
  - Supplies, linen, portable lighting
  - Patient comfort and privacy items
- Improvised environment of care
- Appropriate transportation resource
- Appropriate destination (like-to-like)



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### Patient Tracking and Accountability

- Wrist band
- GO Pouch
- Bar coding
- Patient Tracking Unit
- Personal property



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### Staff Assignments

- HR policy for emergency plan activation
- On-duty personnel remain until released
- Most recent off-going staff return to hospital
- Next oncoming staff go to reception sites



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### Discharge Planning

- Goal: reduce quantity of patients requiring evacuation by expediting discharge planning process when clinically appropriate
- Physician Assessment Strike Teams (PHAST)
- Discharge dispositions
  - Home with no aftercare needs
  - Home with home care
  - Transfer to Nursing Home



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### Alternate Site Selection

- Local vs. Distant (Joint Commission)
- Mutual aid agreements
- Bed assignments:
  - Closest, most appropriate
  - Higher acuity goes to closer facilities
  - Lower acuity travels further
  - Specialty referrals
  - Behavioral health patients
  - Pediatric, infant, and neonate patients



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### Recovery Procedures

- Facility shut-down and "Stay Team"
  - Stay Team safety
- Focus on restoration and recovery activities



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## Validation Task Groups

- **Clinical Task Group**
  - Patient classification and management
  - Patient records
- **Movement Task Group**
- **Logistics Task Group**
  - Equipment and Supplies
  - Pharmacy
- **Incident Facilities Task Group**
- **External Liaisons Task Group**






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## Task Group Participants

| Task Group                 | Suggested Participants  |
|----------------------------|---|
| <i>Clinical</i>            | Discharge Planning, Medical Records, Medicine, <b>Nursing</b>   |
| <i>Movement</i>            | Facilities, Fire/Life Safety, Nursing, Security, <b>Transportation</b>                                    |
| <i>Logistics</i>           | Communications, Human Resources, Materials Management, Pharmacy, <b>Support Services</b> , Transportation |
| <i>Incident Facilities</i> | <b>Facilities</b> , Fire/Life Safety, Security, Transportation  |
| <i>External Liaisons</i>   | Administration, <b>Emergency Management</b> , Legal, Purchasing   |





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## Evacuation Training

- **Evacuation Awareness**
  - General overview for all staff
- **Evacuation Management**
  - Leadership responsible for evacuation
  - Application of EOP and HICS to evacuation process for hospital IMT/leadership
- **Task / Product Oriented**
  - Specific training in evacuation equipment
  - Just-in-time training together with fire drills


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## Evacuation Exercises

- Task / product drills
- Tabletop for leadership
- Functional with external partners
- Full-scale
  - Actual patients
  - Patient-actors
  - Look for opportunities




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## Next Steps

- Evacuation Planning Template
- Validation Process
- Appendices
- Equipment acquisition
- Contracts and agreements
- Resource lists
- Education and training
- Exercises




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## For additional information...

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