

The Medical Center Evacuation Plan consists of six key parts.

- I. Activation
- II. Notification Process
- III. Request of Assistance
- IV. Staging of Resources
- V. Relocation of Patients
- VI. Recovery

PART I

Activation of Evacuation Plan:

The decision to evacuate a patient care area will rest with the Incident Commander (IC), with input given by the other members of the Incident Command Center (ICC). The IC may request two primary types of evacuations, lateral evacuation and vertical evacuation. These are described in detail below.

- A. Lateral Evacuation is the preferred method of evacuating patients from one patient care area to another area located on the same building level (e.g. PICU to PACU).
- B. Vertical Evacuation is the movement of patients from one patient care area to another area located on a different building level (e.g. CICU to Pavilion).

PART II

Notification:

Upon activation of the evacuation plan, the acting Safety Officer is responsible for ensuring that nurse managers and/or area supervisors of the affected patient care areas are notified of the requested evacuation and to which area they should plan to relocate. The individual units are then to prepare their staff for the implementation of the evacuation plan.

PART III

Assistance Request:

Given the intense manpower required to perform an evacuation of a patient care area, outside assistance should be requested. These resources may include

American Medical Response, Jackson Fire Department, or institutional volunteers.

PART IV

Staging of Resources:

After notification of the request to evacuate a patient care area the manager and/or supervisor of that area should begin to gather any needed resources.

Examples of these resources are:

- A. Patient Transportation – cots, stretchers, backboards, wheelchairs, etc.
- B. Patient Monitoring – transport monitors, portable SpO2 monitors, etc.
- C. Patient Treatment – battery-powered IV pumps, Ambu Bags, portable suction, etc.

The area to be evacuated should perform a preliminary headcount and record a patient census log. Each patient should have proper identification methods in place either, traditional armbands, or disaster triage tags. Complete medical records should accompany the patient at all times to allow accurate treatment to be performed during relocation.

Simultaneously, the alternate patient care site should be prepared for the reception of the planned transfers. The IC (or his designee) will determine staffing of the secondary site. All alternative patient care supplies should be established prior to beginning patient transfers.

PART V

Relocation of Patients:

The institution's Safety Officer (or his designee) will provide operational command during any evacuation of a patient care site. Patient transportation will require intensive use of manpower resources, especially patients that are critically ill and require multiple treatment modalities. A triage of manpower resources may be performed based on the patient's pre-assigned evacuation code, as described below.

- 1 – Ambulatory without assistance.
- 2 – Ambulatory with one-person assistance.
- 3 – Wheelchair with one-person assistance.
- 4 – Stretcher with one-person assistance
- 5 – Stretcher with two-person assistance.

During any vertical evacuation operation it should be noted that stretcher-bound patient will require a minimum of 4 staff members to carry them down stairwells. Critically ill patients with multiple treatment modalities (i.e. ventilator dependent, chest tubes, traction, etc.) will require additional staff for transport.

- A. Prior to beginning the transfer of every patient, the transporting staff members must verify proper identification methods are in place either, traditional armbands, or disaster triage tags. Patient medical records should accompany the patient during transport to the established secondary care site.
- B. Patient relocation should be performed in a calm, orderly fashion and continuity of care maintained.
- C. One healthcare provider should oversee each patient transfer, with the more experienced provider(s) accompanying the more critical patients.
- D. During the transfer of critically ill patients, all life-sustaining interventions must be continued and special care given to maintain all airway devices.
- E. Complications noted during transport should be triaged and treated appropriately given available resources.

PART VI

Recovery:

Upon arrival to the secondary care area patient stabilization and care should resume to the full capacity of the available resources. Patient counts should be performed and patient census logs compared - any discrepancies should be reported to the Safety Officer immediately.