

## **ATTACHMENT 4**

# **Incident Response Guide: Evacuation, Shelter-in-Place, & Hospital Abandonment**

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### **Mission**

To provide a safe environment for patients, staff, and visitors within the hospital or during evacuation following an incident that impacts the structural integrity or service availability of the hospital.

### **Directions**

Read this entire response guide and review the Hospital Incident Management Team Activation chart. Use this response guide as a checklist to ensure all tasks are addressed and completed.

### **Objectives**

- Provide for the safety of patients, staff, visitors, and families
- Provide for patient care and management
- Conduct safe and rapid evacuation or shelter-in-place of the hospital
- Plan for safe patient and staff repatriation and service restoration

*Kenmore Mercy Hospital Emergency Management Plan  
Hospital Evacuation Annex*

<b>Immediate Response (0 – 2 hours)</b>				
<b>Section</b>	<b>Officer</b>	<b>Time</b>	<b>Action</b>	<b>Initials</b>
<b>Command</b>	<b>Incident Commander</b>		Determine the need for complete or partial evacuation versus shelter-in-place.	
			Activate Emergency Operations Plan, the Hospital Incident Management Team, and Hospital Command Center. Activate the Evacuation, Shelter-in-Place, and Hospital Abandonment Plan, and Medical-Technical Specialists as needed.	
			Determine timeline and criteria for discontinuation of nonessential services and procedures.	
			Establish the operational period, objectives, and a regular briefing schedule. Consider the use of the Incident Action Plan Quick Start for initial documentation of the incident.	
			Notify the hospital Chief Executive Officer, Board of Directors, and other appropriate internal and external officials of situation status.	
	<b>Public Information Officer</b>		Develop patient, staff, and community response messages to convey hospital preparations, services, and response.	
			Inform patients, staff, visitors, and families of the situation status and provide regular updates.	
			Update internet, intranet, and social media to disseminate information about hospital status and alteration in services to patients, staff, families, and stakeholders.	
			Monitor media outlets for updates on the incident and possible impacts on the hospital. Communicate information via regular briefings to Section Chiefs and Incident Commander.	
	<b>Liaison Officer</b>		Notify community partners in accordance with local policies and procedures (e.g., consider local Emergency Operations Center, other area hospitals, local emergency medical services, and healthcare coalition coordinator), including requesting supplies, equipment, or personnel not available in the hospital.	

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Hospital Evacuation Annex*

			Notify and regularly communicate with outside agencies about the hospital's status and organizational needs.	
			Communicate with other hospitals to determine their situation status, ability to accept patients if evacuation or hospital abandonment is ordered.	
	<b>Safety Officer</b>		Assist with safe evacuation or shelter-in-place of patients, staff, and visitors.	
			Oversee immediate stabilization of the hospital.	
			Initiate HICS 215A to assign, direct, and ensure safety actions are adhered to and completed.	
			Recommend immediate evacuation areas based on hazard to life.	
			Recommend assembly areas based on location and route safety and immediate access to transportation vehicles.	

*Kenmore Mercy Hospital Emergency Management Plan  
Hospital Evacuation Annex*

<b>Immediate Response (0 – 2 hours)</b>				
<b>Section</b>	<b>Branch/Unit</b>	<b>Time</b>	<b>Action</b>	<b>Initials</b>
<b>Operations</b>	<b>Section Chief</b>		Implement the type of evacuation, as determined in cooperation with the Incident Commander: <input type="checkbox"/> Shelter-in-place versus evacuation <input type="checkbox"/> Immediate versus delayed evacuation <input type="checkbox"/> Partial versus complete evacuation	
			If shelter-in-place is required: <input type="checkbox"/> Establish shelter locations in cooperation with Incident Commander and Safety Officer <input type="checkbox"/> Monitor that all patients, staff, and visitors are safely in shelter areas <input type="checkbox"/> Secure and seal shelter areas	
			If evacuation is required: <input type="checkbox"/> Prioritize areas for evacuation based on Safety Officer's evaluation of threat to life <input type="checkbox"/> Identify evacuation priorities and transfer requirements	
	<b>Medical Care Branch Director</b>		For partial evacuation: <input type="checkbox"/> Prepare and ensure transfer of patient records, medications, and valuables to transfer location <input type="checkbox"/> Provide patient information as appropriate <input type="checkbox"/> If evacuation is from a fire or explosion, evacuation must be to a fire compartment at least two fire compartments away (horizontally or vertically) from the fire or explosion <input type="checkbox"/> Reassign personnel to ensure adequate staffing in area receiving patients	
			For complete evacuation: <input type="checkbox"/> Prepare and ensure the transfer of patient records, medications, and valuables to holding and assembly area <input type="checkbox"/> Confirm the transfer and timeline with the accepting hospital, providing patient information as appropriate <input type="checkbox"/> Establish safe holding and assembly area to place patients, staff, and belongings until transfer <input type="checkbox"/> Reassign staff to accompany patients moved to alternate facilities; ensure adequate staffing for patient care	
			Implement manual documentation procedures for patient care and incident management documentation, as required.	

*Kenmore Mercy Hospital Emergency Management Plan  
Hospital Evacuation Annex*

	<b>Infrastructure Branch Director</b>		Discontinue nonessential services and initiate utility shutdowns.	
	<b>Security Branch Director</b>		Secure the hospital, limit entry of nonessential personnel, and implement limited visitation policy.	
			Provide additional personnel to ensure security of the evacuation staging sites.	
	<b>Business Continuity Branch</b>		Activate Business Continuity Plans and procedures	
	<b>Patient Family Assistance Branch Director</b>		Oversee patient family notifications of evacuation, shelter-in-place, transfer, or early discharge.	
<b>Planning</b>	<b>Section Chief</b>		Establish operational periods, incident objectives, and an Incident Action Plan in collaboration with the Incident Commander.	
	<b>Situation Unit Leader</b>		Initiate patient tracking using HICS 254.	
			Conduct a patient census and identify potential discharges, in coordination with Operations Section.	
	<b>Documentation Unit Leader</b>		Monitor the complete documentation of activities, decisions, and actions.	
<b>Logistics</b>	<b>Section Chief</b>		Refer to the Job Action Sheet for appropriate tasks.	
	<b>Service Branch Director</b>		Implement emergency support procedures to sustain critical services (e.g., power, water, communications) until evacuation can be accomplished.	
	<b>Support Branch Director</b>		Distribute appropriate equipment throughout the hospital (e.g., portable lights, flashlights, blankets, etc.).	
			Relocate hazardous materials and other materials requiring increased security, as time allows.	
<b>Finance/ Administration</b>	<b>Section Chief</b>		Refer to the Job Action Sheet for appropriate tasks.	
	<b>Time Unit Leader</b>		Implement established pay codes for personnel to track hours associated with the response.	

**Intermediate Response (2 – 12 hours)**

*Kenmore Mercy Hospital Emergency Management Plan  
Hospital Evacuation Annex*

<b>Section</b>	<b>Officer</b>	<b>Time</b>	<b>Action</b>	<b>Initials</b>
<b>Command</b>	<b>Incident Commander</b>		Continue to implement operational periods, update incident objectives and Incident Action Plan.	
			Evaluate the hospital's capability to provide safe patient care and the need for additional evacuation.	
			Prepare for system recovery and demobilization.	
	<b>Public Information Officer</b>		Conduct briefings to media and patients, to update them on hospital status.	
			Coordinate risk communication messages with the Joint Information Center, if able.	
	<b>Liaison Officer</b>		Maintain contact with local Emergency Operations Center, other area hospitals, local emergency medical services and regional medical health coordinator to relay status and critical needs and to receive community updates.	
			Assist with and facilitate procurement activities from outside agencies for supplies, equipment, medications, and personnel.	
	<b>Safety Officer</b>		Maintain safety of patients, staff, and visitors to best possible extent.	
			Conduct regular assessments and update HICS 215A.	

*Kenmore Mercy Hospital Emergency Management Plan  
Hospital Evacuation Annex*

<b>Intermediate Response (2 – 12 hours)</b>				
<b>Section</b>	<b>Branch/Unit</b>	<b>Time</b>	<b>Action</b>	<b>Initials</b>
<b>Operations</b>	<b>Section Chief</b>		Continue or implement Evacuation, Shelter-in-Place, or Hospital Abandonment Plan, as appropriate.	
			Prepare for demobilization and system recovery.	
	<b>Medical Care Branch Director</b>		Monitor patients, families, and visitors for adverse effects on health and for psychological stress.	
	<b>Infrastructure Branch Director</b>		Conduct regular hospital and infrastructure evaluations and assessments and respond immediately to damage or problems.	
			Monitor hospital damage and initiate repairs, as long as it does not hinder evacuation or shelter-in-place of the hospital.	
			Initiate salvage operations of damaged areas and relocated equipment from evacuated areas to secure areas or other hospitals.	
	<b>Security Branch Director</b>		Continue hospital security, crowd, and traffic control.	
	<b>Business Continuity Branch Director</b>		Continue to implement Business Continuity Plans and procedures.	
<b>Patient Family Assistance Branch Director</b>		Continue, in cooperation with Public Information Officer, family notification of patient location and status.		
<b>Planning</b>	<b>Section Chief</b>		Continue operational periods and incident objectives, and modify the Incident Action Plan in collaboration with the Incident Commander.	
	<b>Resources Unit Leader</b>		Initiate staff and equipment tracking.	
	<b>Situation Unit Leader</b>		Continue patient and bed tracking.	
			Plan for the next operational period and shift change, including staff patterns, location of labor pool, hospital and campus entry and exit in view of curtailed services, and the impact on canceled procedures and appointments, etc.	

*Kenmore Mercy Hospital Emergency Management Plan  
Hospital Evacuation Annex*

	<b>Documentation Unit Leader</b>		Continue to monitor the complete documentation of activities, decisions, and actions.	
	<b>Demobilization Unit Leader</b>		Prepare the Demobilization Plan.	
<b>Logistics</b>	<b>Section Chief</b>		Continue or implement the Evacuation, Shelter-in-Place and Hospital Abandonment Plan.	
			Prepare for demobilization and system recovery.	
	<b>Service Branch Director</b>		Provide continuing communications system support and information technology.	
			Ensure ongoing communications are available at staging areas and evacuation sites.	
	<b>Support Branch Director</b>		Provide for staff food, water, and rest periods.	
			Monitor staff for adverse effects of health and psychological stress; provide behavioral health support services for staff.	
			Obtain supplemental staffing, as needed. Provide staff for patient care and evacuation.	
			Conduct equipment, supply, medication, and personnel inventories, and obtain additional supplies to sustain hospital during evacuation or shelter-in-place. Route requests for additional resources not available in the hospital through the Liaison Officer to outside agencies.	
			Monitor, report, and follow up on staff injuries.	



*Kenmore Mercy Hospital Emergency Management Plan  
Hospital Evacuation Annex*

<b>Finance/ Administration</b>	<b>Section Chief</b>		Refer to the Job Action Sheet for appropriate tasks.	
	<b>Time Unit Leader</b>		Continue to track hours associated with the emergency response.	
	<b>Procurement Unit Leader</b>		Facilitate the procurement of supplies and resources in cooperation with the Logistics Support Branch.	
	<b>Compensation/ Claims Unit Leader</b>		Begin to collect, when safe, documentation of structural and infrastructure damage, and initiate reimbursement and claims procedures.	
	<b>Cost Unit Leader</b>		Track the estimates of lost revenue due to hospital evacuation.	
		Track the costs and expenditures of response and evacuation.		

<b>Extended Response (greater than 12 hours)</b>				
<b>Section</b>	<b>Officer</b>	<b>Time</b>	<b>Action</b>	<b>Initials</b>
<b>Command</b>	<b>Incident Commander</b>		Continue regular briefings and action planning meetings, and modify incident objectives as needed to meet current situation.	
			Notify or update Chief Executive Officer, Board of Directors, and other internal authorities of ongoing operations and status of patients and families.	
	<b>Public Information Officer</b>		Continue regularly scheduled briefings to media, patients, staff, and families.	
			Communicate regularly with Joint Information Center to update hospital status and coordinate public information messages.	
			Address social media issues as warranted; use social media for messaging as situation dictates.	
	<b>Liaison Officer</b>		Maintain contact with local Emergency Operations Center, other area hospitals, local emergency medical services, and regional medical health coordinator to relay status and critical needs and to receive incident and community updates.	
	<b>Safety Officer</b>		Maintain safety of patients, staff, and families to best possible extent.	

*Kenmore Mercy Hospital Emergency Management Plan  
Hospital Evacuation Annex*

<b>Operations</b>	<b>Section Chief</b>		Recommend when to resume normal activities and services.	
	<b>Medical Care Branch Director</b>		Continue patient care and management activities for patients waiting for evacuation.	
			Provide behavioral health support to patients and families, as needed.	
	<b>Infrastructure Branch Director</b>		Assess and secure utility systems (power, water, gases, and medical gases).	
			Conduct frequent hospital reassessment and initiate hospital repairs and restoration plans.	
	<b>Security Branch Director</b>		Secure all evacuated areas, equipment, supplies, and medications.	
	<b>Business Continuity Branch Director</b>		Continue business continuity actions.	
	<b>Patient Family Assistance Branch Director</b>		Continue to provide family notifications of evacuation, shelter-in-place, transfer, or early discharge.	
<b>Planning</b>	<b>Section Chief</b>		Update and revise the Incident Action Plan.	
			Ensure that updated information and intelligence is incorporated into the Incident Action Plan. Ensure the Demobilization Plan is being readied.	
	<b>Resources Unit Leader</b>		Continue personnel and equipment tracking, including resources transferred to other hospitals.	
			Discuss staff utilization and salary practices during the evacuation and closure of the hospital with Human Resources.	
	<b>Situation Unit Leader</b>		Collate and report actions, decisions, and activities of the response.	
			Continue patient and bed tracking, including those transferred to other hospitals.	
			Plan for the next operational period and shift change, including staff patterns, location of labor pool, hospital and campus entry and exit in view of curtailed services, and the impact on canceled procedures and appointments, etc.	

*Kenmore Mercy Hospital Emergency Management Plan  
Hospital Evacuation Annex*

	<b>Documentation Unit Leader</b>		Collect documentation of the activities, decisions, and actions.	
	<b>Demobilization Unit Leader</b>		Continue to prepare the Demobilization Plan.	

<b>Extended Response (greater than 12 hours)</b>				
<b>Section</b>	<b>Branch/Unit</b>	<b>Time</b>	<b>Action</b>	<b>Initials</b>
<b>Logistics</b>	<b>Section Chief</b>		Recommend, in collaboration with Operations Section, when to resume normal activities and services.	
	<b>Service Branch Director</b>		Maintain information technology security measures.	
	<b>Support Branch Director</b>		Support the return of supplies, equipment, medications, food, and water.	
			Provide food, water, rest periods, and behavioral health support for staff.	
<b>Finance/ Administration</b>	<b>Section Chief</b>		Continue operational periods and incident objectives, and modify the Incident Action Plan in collaboration with the Incident Commander.	
	<b>Time Unit Leader</b>		Continue to track the hours associated with the emergency response.	
	<b>Procurement Unit Leader</b>		Facilitate the procurement of supplies and resources in cooperation with the Logistics Support Branch.	
	<b>Compensation/ Claims Unit Leader</b>		Contact insurance carriers to assist in the documentation of structural and infrastructure damage, and initiate reimbursement and claims procedures.	
	<b>Cost Unit Leader</b>		Continue to track and monitor response and hospital repair costs and expenditures.	

<b>Demobilization/System Recovery</b>				
<b>Section</b>	<b>Officer</b>	<b>Time</b>	<b>Action</b>	<b>Initials</b>
<b>Command</b>	<b>Incident Commander</b>		In cooperation with local authorities, assess hospital status and determine whether criteria are met for partial or complete reopening of hospital.	

*Kenmore Mercy Hospital Emergency Management Plan  
Hospital Evacuation Annex*

			Declare termination of the incident and order reopening of hospital and repatriation of patients.	
			Activate the Demobilization Plan.	
			Oversee restoration of normal hospital operations.	
	<b>Public Information Officer</b>		Conduct a final media briefing and assist with updating patients, staff, families, and others of the termination of the incident.	
	<b>Liaison Officer</b>		Communicate the final hospital status and termination of the incident to regional medical health coordinator, local Emergency Operations Center, local emergency medical services, area hospitals, and officials.	
	<b>Safety Officer</b>		Monitor and maintain a safe environment during the return to normal operations.	
			Assist with the completion of hospital repairs, in conjunction with the Operations Section.	
			Oversee the resolution of response actions that impacted normal operations; ensure fire doors and alarms are in working order.	

<b>Demobilization/System Recovery</b>				
<b>Section</b>	<b>Branch/Unit</b>	<b>Time</b>	<b>Action</b>	<b>Initials</b>
<b>Operations</b>	<b>Section Chief</b>		Resume visitation and nonessential services in coordination with the Safety Officer.	
	<b>Medical Care Branch Director</b>		Discontinue ambulance diversion, if applicable.	
			Restore patient care and management activities, including the normal staffing plan.	
			Reschedule canceled surgeries, procedures, and outpatient appointments.	
			Repatriate transferred patients, if applicable.	
	<b>Infrastructure Branch Director</b>		Consider activation of a damage assessment team.	

*Kenmore Mercy Hospital Emergency Management Plan  
Hospital Evacuation Annex*

			Complete the hospital damage report, progress of repairs, and estimated timelines for restoration of hospital to pre-incident condition.	
	<b>Security Branch Director</b>		Monitor that entry and exit points are open and functioning.	
			Maintain hospital security and traffic control.	
	<b>Business Continuity Branch Director</b>		Monitor and assist with the restoration of utilities and communications.	
			If record keeping included the use of paper based records, ensure all clinical information is entered into electronic medical records.	
	<b>Patient Family Assistance Branch Director</b>		Provide behavioral health support and information about community services to patients and families, as needed.	
<b>Planning</b>	<b>Section Chief</b>		Finalize and distribute the Demobilization Plan.	
			Conduct debriefings and hotwash with: <input type="checkbox"/> Command Staff and section personnel <input type="checkbox"/> Administrative personnel <input type="checkbox"/> All staff <input type="checkbox"/> All volunteers	
			Write an After Action Report and Corrective Action and Improvement Plan for submission to the Incident Commander, including: <input type="checkbox"/> Summary of the incident <input type="checkbox"/> Summary of actions taken <input type="checkbox"/> Actions that went well <input type="checkbox"/> Actions that could be improved <input type="checkbox"/> Recommendations for future response actions	
	<b>Documentation Unit Leader</b>		Collect, organize, secure, and file incident documentation.	
			Prepare a summary of the status and location of all incident patients, staff, and equipment. After approval by the Incident Commander, distribute it to appropriate external agencies.	
	<b>Demobilization Unit Leader</b>		Monitor that all impacted clinical and support operation issues are relayed to appropriate sections for resolution.	

*Kenmore Mercy Hospital Emergency Management Plan  
Hospital Evacuation Annex*

			Monitor that all clinical and support resources are returned to their normal operating function and location.	
<b>Logistics</b>	<b>Section Chief</b>		Inventory all Hospital Command Center and hospital supplies and replenish as necessary, appropriate, and available.	
	<b>Support Branch Director</b>		Complete documentation and follow up for personnel injuries as appropriate.	
			Restock supplies, equipment, medications, food, and water to pre event inventories.	
			Provide staff debriefing and behavioral health support.	
<b>Finance/ Administration</b>	<b>Section Chief</b>		Submit final cost and expenditure report to the Incident Commander for approval and inclusion in After Action Report.	
	<b>Compensation/ Claims Unit Leader</b>		Coordinate with Risk Management for additional insurance and documentation needs, including photographs of damages.	
	<b>Cost Unit Leader</b>		Compile a summary of the final response and recovery costs and expenditures and estimated lost revenues, and submit it to Finance Section Chief.	

## **Documents and Tools**

### **Emergency Operations Plan, including:**

- Evacuation, Shelter-in-Place, and Hospital Abandonment Plan
- Damage Assessment procedures
- Employee Health monitoring and treatment Plan
- Surge Plan
- Triage Plan
- Patient, staff, and equipment tracking procedures
- Business Continuity Plan
- Behavioral Health Support Plan
- Alternate Care Site Plan
- Discharge policy
- Security Plan
- Fatality Management Plan
- Volunteer Utilization Plan
- Emergency Patient Registration Plan
- Emergency Procurement policy
- Hospital and campus floor plans, maps, blueprints, and evacuation routes
- Utility Failure Plan
- Risk Communication Plan
- Interoperable Communications Plan
- Demobilization Plan

### **Forms, including:**

- HICS Incident Action Plan (IAP) Quick Start
- HICS 200 – Incident Action Plan (IAP) Cover Sheet
- HICS 201 – Incident Briefing
- HICS 202 – Incident Objectives
- HICS 203 – Organization Assignment List
- HICS 205A – Communications List
- HICS 214 – Activity Log
- HICS 215A – Incident Action Plan (IAP) Safety Analysis
- HICS 221 – Demobilization Check-Out
- HICS 251 – Facility System Status Report
- HICS 253 – Volunteer Registration
- HICS 254 – Disaster Victim/Patient Tracking
- HICS 255 – Master Patient Evacuation Tracking

Job Action Sheets

Access to hospital organization chart

Television/radio/internet to monitor news

Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication