

### ATTACHMENT 3 – HOSPITAL EVACUATION PROCESS

- Confirm the direction or decision to evacuate the facility.
- Ensure that the CEMP/HICS is activated and staffed, and the HCC is operational.
- Communicate the decision throughout the organization (NOTIFICATION MATRIX):

Who to Notify	Method/Tracking
Leadership	HICS LEVEL 2 Page
Staff	Incident Command
Physicians	Incident Command
Patients	Incident Command
Destination location(s)	Incident Command
Transportation assets	Incident Command
Oversight entities (e.g., State and local health departments; local Office of Emergency Management; local public safety agencies)	Incident Command Liaison
Patient family members	Incident Command
Home care providers	Incident Command
Vendors	Incident Command
Utilities	Incident Command
Recovery assets	Incident Command
Media	Incident Command - PIO

- Initiate full census of patients and movement equipment via STATREP from (Emergency Plan Forms). Census should be updated every four hours for the duration of the emergency.
- Review facility and departmental emergency plans and procedures with staff.
- Prepare and implement contingency staffing schedules.
- Implement Emergency Department diversion:
  - Total diversion for urgent evacuation (have EMS ambulance stand by to manage arriving emergencies)
  - Divert all but “treat and release” patients at the outset of a planned evacuation
- Cancel elective procedures schedules for today and tomorrow
- Notify patients scheduled for elective procedures to not come in
- Discontinue procedures underway for patients in Same Day Surgery and Ambulatory Care
- Cancel visiting hours and evacuate visitors. The following visitors will be allowed to remain:

*Kenmore Mercy Hospital Emergency Management Plan  
Hospital Evacuation Annex*

---

- Legal guardians for minors
  - Healthcare proxy for patients without decision capacity
- Establish perimeter for security and traffic control, in conjunction with local law enforcement.
- Establish hospital supply truck routes and patient evacuation routes, in coordination with Security and law enforcement agencies.
- Clear parking lots as needed to accommodate emergency vehicle staging.
- Establish five staging areas:
  - Ambulances
  - Medical transport vehicles
  - Ambulatory transport vehicles
  - Discharge pick-up
  - Equipment transport vehicles
- Obtain and secure cash for emergency payments.
- Mobilize internal resources:
  - Leadership
  - Discharge Planning/Social Work
  - Staff
  - Movement equipment
  - Clinical equipment and supplies; medications
  - Patient records
- Establish an Equipment Pool for mobilization of all patient movement devices and other medical equipment.
- Mobilize external resources, activating pre-arranged contracts or MOUs as necessary
- Transportation assets:
  - Destinations
  - Local EMS system/public safety agencies
  - Non-patient transportation assets
  - Home care agencies
  - Vendors and deliveries
- Establish a Patient Tracking/Bed Coordination Unit This unit will make telephone contact with each potential receiving facility to determine bed and surge capacity and capability, and will track allocation of patients to available destination resources throughout the evacuation.
- Establish, staff, and equipment five loading areas :
- Non-ambulatory Loading
- Wheelchair Loading
  - Ambulatory Loading

*Kenmore Mercy Hospital Emergency Management Plan  
Hospital Evacuation Annex*

---

- Discharge Loading
  - Equipment Loading
- 
- Initiate patient discharge to long term care, home care, and care-givers
  - Where possible, place babies and mothers together for the duration of the evacuation.
  
  - Reconfigure and staff cleared Emergency Department to serve as stabilization/holding point for non-ambulatory patients. One area should be designated to treat ill/injured staff and rescue personnel.
  
  - Redirect incoming vendor shipments/deliveries to alternate destinations.
  
  - Initiate bed and medical equipment relocation process:
    - As beds and medical devices are made available at the patient loading areas, they will be brought to the Equipment Loading Area for shipment to alternate destinations.
  
    - The Materials Management Unit Leader shall be responsible for identifying destinations for shipment of beds and medical equipment corresponding to the number, category, and destination of evacuated patients. This information shall be coordinated with the Materials Management Unit Leader at the receiving facility(ies) to verify need prior to shipment.
  
    - The Equipment Loading Area Leader shall ensure that all equipment leaving the facility is inventoried, labeled with the hospital name and tracking number, and documented on the Resource Accounting Record (Attachment HICS 257)

## Hospital Incident Management Team Activation: Evacuation, Shelter-in-Place, & Hospital Abandonment

Position	Immediate	Intermediate	Extended	Recovery
<b>Incident Commander</b>	X	X	X	X
Public Information Officer	X	X	X	X
Liaison Officer	X	X	X	X
Safety Officer	X	X	X	X
<b>Operations Section Chief</b>				
Medical Care Branch Director	X	X	X	X
Infrastructure Branch Director	X	X	X	X
Security Branch Director	X	X	X	X
Business Continuity Branch Director	X	X	X	X
Patient Family Assistance Branch Dir.	X	X	X	X
<b>Planning Section Chief</b>				
Resources Unit Leader		X	X	X
Situation Unit Leader	X	X	X	X
Documentation Unit Leader	X	X	X	X
Demobilization Unit Leader		X	X	X
<b>Logistics Section Chief</b>				
Service Branch Director	X	X	X	X
Support Branch Director	X	X	X	X
<b>Finance /Administration Section Chief</b>				
Time Unit Leader	X	X	X	X
Procurement Unit Leader		X	X	X
Compensation/Claims Unit Leader		X	X	X
Cost Unit Leader		X	X	X

## HICS 255 - MASTER PATIENT EVACUATION TRACKING

- PURPOSE:** The HICS 255 - Master Patient Evacuation Tracking form records the disposition of patients during a facility evacuation.
- ORIGINATION:** Completed by Planning Section Situation Unit Leader or designee (Patient Tracking Manager).
- COPIES TO:** Distributed to the Planning Section Chief and the Documentation Unit Leader.
- NOTES:** The form may be completed with information taken from each HICS 260 - Patient Evacuation Tracking form. If additional pages are needed, use a blank HICS 255 and repaginate as needed.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Patient Evacuation Information</b>	
	<b>Patient Name</b>	Enter the full name of the patient.
	<b>Medical Record #</b>	Enter medical record number.
	<b>Evacuation Triage Category</b>	Indicate the categories as defined by the facility (not necessarily the same as emergency department admitting triage system).
	<b>Mode of Transport</b>	Indicate the mode of transport or write in if not indicated.
	<b>Disposition</b>	Indicate the patient's disposition.
	<b>Accepting Hospital or Location</b>	Enter the accepting hospital or location (e.g., Alternate Care Site, holding site).
	<b>Time hospital contacted &amp; report given</b>	Enter time prepared (24-hour clock).
	<b>Transfer Initiated</b>	Enter time, vehicle company, and identification number.
	<b>Medical Record Sent</b>	Indicate yes or no.
	<b>Medication Sent</b>	Indicate yes or no.
	<b>Family Notified</b>	Indicate yes or no.
	<b>Arrival Confirmed</b>	Indicate yes or no.
	<b>Admit Location</b>	Indicate the applicable site.
	<b>Expired</b>	Enter time (24-hour clock) of deceased if necessary.
4	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



