



## Hospital Evacuation Plan Checklist

### INITIAL DECISION MAKING AND INCIDENT MANAGEMENT

#### Assessment of Initial Priorities

Following notification of a threat and/or disaster event, does your plan specify:

- How a threat assessment is being performed?
- Who is assessing critical infrastructure and key resources?
- How to automatically conduct & submit unit-level situation and/or damage reports to hospital leadership?
- The trigger for units to submit damage reports?
- Who is compiling the damage reports and how long it will take?
- How long it will take to perform an assessment of the hospital's operational capabilities?

#### Establishment of Incident Command Structure

Does your plan specify:

- How you will rapidly compile, verify, and share information/reports?
- When you will need your first Incident Action Plan (IAP) to be completed?

#### Determination of Evacuation Trigger Points and Type of Evacuation

Does your plan specify:

- Specific trigger points that you will use to decide whether to evacuate?
- Formalized "pre-evacuation" stages with defined actions?
- Any alternatives to evacuation that you can use?
- Distinct types of evacuation? (Pre-evacuation staging, single unit, multi-unit, single/multiple buildings, entire campus)
- How each evacuation stage is triggered?

#### Authority to Make Evacuation Decisions

Does your plan specify:

- If the staff or any other designated personnel have the authority to completely vacate an adjacent (unaffected) unit in case of a possible immediate life threat (e.g. fire) if they perceive an impending threat?
- A predefined location to evacuate to?
- If multiple units are competing for the same location, how to resolve this?
- Someone on-site 24/7 who has the authority to order a partial or full evacuation?
- If the CEO/Board of Directors reserve the right to overrule operational decisions?
- What input/influence outside agencies will have on hospital decisions (State or local health department,



State or local emergency management authority, EMS, local fire command)? Can external agencies overrule a hospital's decision to shelter in place?

- How a dispute between the local fire department and hospital administration would be resolved if the hospital disagreed with a specific portion of the evacuation order/recommendation?

**Contact with Local Public Safety Incident Command System(s), Surrounding Communities, & Other Response Partners**

Does your plan specify:

- Mechanisms to use in sending/receiving information from local public safety and local public health representatives?
- Types of information you need from local public safety and local public health representatives?
- The type of information you are sending them, the format you are using and when you are sending it?
- Which other response partners with whom you will be communicating?
- How you will be communicating with other response partners?
- What specific information you need from other response partners?
- What information you need to share with other response partners?



## EVACUATION OPERATIONS

### Primary Operational Objectives in Conducting a Rapid Response Hospital Evacuation

Does your plan specify:

- Your primary operational objectives?
- How these objectives are communicated to staff?
- Which section of your IC structure is primarily responsible for each objective?

### Hospital Departments Involved in the Operation

Does your plan specify:

- The respective roles of hospital departments involved in evacuation operations?
- Roles for departments not directly involved in evacuation?

### Roles of Partner Agencies

Does your plan specify:

- The operational support your partner agencies can be expected to offer?
- The specific resources available to you from your partner agencies?
- How soon the external assets will be expected to be available?

### Primary Methods of Communication

Does your plan specify:

- Your primary methods of internal and external communication?
- How you will communicate the evacuation decision to staff, patients, and families?
- How you will communicate changes to the plan as they occur?

### Establishment of Appropriate Security

Does your plan specify:

- The priorities (in order) for hospital security at the outset of evacuation operations?
- If there are adequate resources to maintain security at all operational sites?
- Additional options for security and crowd control other than local law enforcement?
- How these resources be will accessed and who has authority over them?
- How this will be coordinated and supervised?
- How traffic will be managed?
- If discharge/egress routes will be segregated from transfer departures?
- Alternate routes for both?
- How you will maintain security for special patient populations?
  - Infants
  - Children
  - Psychiatric patients
  - Prisoners



### Triage and/or Prioritization for Evacuation

Does your plan specify:

- Uniform and specific standards for triage within the institution?
- If triage standards are known to providers?
- If the units should perform and report a manual patient census prior to evacuation?
- How and to whom the units report the result of census performed?
- How evacuation triage is prioritized: acuity, mobility status (stretcher-bound/wheelchair/ambulatory), location of the unit within the hospital, availability of a known transfer destination or some combination?
- Who (specifically) will be tasked with making triage decisions?
- If the people making triage decisions received any formal training in the evacuation plan or evacuation triage?
- A framework for ethical decision-making related to triage?
- Mechanisms for resolving disputes over triage within the facility?
- How triage information will be compiled and incorporated into IAPs?
- Mechanism to allow for re-triage and resuscitation if necessary if patients deteriorate during evacuation (or while waiting)?
- How triage tactics will change if your elevators were not operational?
- How medical equipment is prioritized for evacuation?
- How you will compile a list of the number of available equipment assets (e.g. portable cardiac monitors, portable ventilators, oxygen cylinders, suction machines, IV pumps with battery, etc.) and the location of those assets?
- How you will ensure that the available equipment is matched to the evacuating patients?
- Situations where portable medical equipment is allowed to leave the institution?
- How patients are prepared for transfer?
- If patients receive a supply of needed medications for the next 8-12 hours to support them during transfer?
- If a copy of the patient's medical and medication record, and radiography, physically accompanies the patient?
- A mechanism to instruct EMS and receiving facilities on the important therapies the patient may need over the next 8-12 hours?

### Patient Tracking System (including patient records)

Does your plan specify:

- Multiple check-in/check-out data collection points throughout the evacuation process?
- How check-in/check-out data are collected and reported centrally?
- How tracking information will be available to the patient's treating clinicians?
- How tracking information will be available to the patient's family?
- If the patient tracking system is adaptable to adverse conditions (i.e. paper-only if there is no electricity)?
- Who is responsible for compiling/securing patient records?





- How the tracking system used for evacuation integrates into existing EMS patient tracking tools (MCI based)?

### Patient Destination Planning

Does your plan specify:

- How transfer beds will be identified and secured for evacuated patients?
- Who will carry out the task of finding beds, apart and separate from patient tracking activities?
- How point-to-point communication will occur between hospitals?
- Who is expected to be the point of contact at the other hospitals?
- Redundancies in knowing the patient's destination?
- If there is a preference for hospitals within your network (if applicable) when determining patient destinations?
- Measures in place for the special patient populations in your hospital that need a special type of hospital for transfer (i.e. Level II nursery, burn center, tertiary hospital, etc.)?
- The role of EMS in destination planning?
- The role of local public health in destination planning?
- The role of DPH in destination planning?
- How the hospital IC structure will coordinate/communicate with the relevant external agencies (DPH, EMS) during the evacuation?

### Patient Staging (Assembly Point)

Does your plan specify:

- Patient staging for all or a majority of the patients outside of the main hospital building(s)?
- If the patient staging site is usable year round?
- If the staging site has sufficient access to emergency electrical power for medical equipment?
- Supplying the staging area with extra medications (and possibly a pharmacist) if new medical needs arise?
- A resuscitation area within the staging location if patients destabilize during transfer?
- Ready access to medical supplies (i.e. IV fluids) and oxygen for resupply of critical patient care needs at the staging site?
- How patients will receive ongoing care during evacuation (i.e. medications, fluids, etc.)?
- Special measures are in place for acute or critically ill patients?
- Special measures in place for pediatric (including neonatal) patients?

### Patient Discharge

Does your plan specify:

- How staff oversee the process (centralized vs. decentralized) of discharge?
- Where patients will be assembled while awaiting family/transport after discharge?
- A main assembly point for processing evacuees once they have departed the care units?
- A mechanism to discharge patients who simply leave the hospital during an evacuation and how such patients are noted?



### Patient Movement and Support

Does your plan specify:

- Who will carry out the physical moving of patients from the units to the Assembly Point/egress?
- How routes will be established/marked and monitored for back-ups?
- If there are outdoor transit/exposure issues associated with routes?
- Mechanism in place for patient movement if the elevators are not operational?
- How will the mobility level of patients be assessed? Who can decide if an appropriate day to day ambulatory level cannot be considered ambulatory in an emergency?
- If you own special equipment for stair transport of stretcher-bound patients?
- If your staff is trained to "package" a patient with all necessary medical equipment for stair transports?
- If those expected to manually transport the patients down the stairs have practiced this transport?
- How long full evacuations by stairs take?
- How you will communicate with the floors to let them know when to evacuate?
- If the floors leave when possible, or if they must wait for a central order?
- How long you expect most patients to be in transit from original bed to destination bed?
- If the oxygen, medication, etc. and other patient supplies will last for the longest anticipated transit time?
- If EMS is expected to meet the patient at the curb or a staging area, or they are to come to the floors to pick up patients?
- How EMS knows the destination of the patient?
- If hospital medical staff (MD, RN, RT, etc.) are expected to accompany certain patients to their destinations and how they will return to the main campus?
- If your hospital medical staff is able to practice at other hospitals (pay, liability, etc.)?

### Resources Needed for Evacuation Operations

Does your plan specify:

- The additional equipment you require?
- How resources are being tracked and located as they are used?
- Who is managing the labor pool?
- The labor needs at this time?
- Staff capable of performing heavy physical labor?
- Methods for addressing staff mobility issues?
- Methods of patient transport that will be utilized to execute transfers?
- With whom you are coordinating regarding the transport of patients (CMED, local EMS/Fire)?
- Roles other agencies will play in the hospital evacuation?
- How other agencies will be coordinated?
- If the outside agencies have adequate resources available to assist?
- The support outside agencies can offer?



<input type="checkbox"/> If your organization has enough resources?
<input type="checkbox"/> The Mutual Aid Agreements that are in place to support this kind of operation?
<input type="checkbox"/> Whom you would turn to for assistance and have you coordinated with them about this?
<input type="checkbox"/> How patient and staff safety will be monitored during operations?
<input type="checkbox"/> Who stays behind to secure the hospital?
<input type="checkbox"/> A checklist of items that need to be secured (i.e. pharmacy, utilities, etc.)?
<input type="checkbox"/> Source of the personnel and how long will they are available to be committed?
<input type="checkbox"/> The plan to handle shift changes?



## RECOVERY

### Recovery Objectives

Does your plan specify:

- Your recovery priorities?
- Who determines the recovery priorities?

### Process of Reopening the Facility

Does your plan specify:

- Who has the authority to reopen the facility?
- Who is involved in the reopening process?
- The process to make this happen?
- Defined triggers for reopening?
- The process you will use to appraise the status of your hospital?
- The functions that must be in place before you can return?
- The resources that are needed for re-entry efforts?
- If it is possible to return to the hospital before the facility is fully operational?
- The security considerations that will be factored into the decision to reopen the hospital?
- If you have enough resources/personnel to assist in the recovery?

### Communication During Recovery

Does your plan specify:

- Who you are communicating with at this point in time?
- How hospital staff will be notified about the reopening?
- How you will notify the public that the hospital is reopened for business?
- What role partner agencies will play in repopulating the hospital facility?
- What process will be followed to reconstitute the local response capability?