SECTION 11.20
FACILTY EVACUATION

PROCEDURES TO BE FOLLOWED IN THE EVENT OF EVACUATION OR FACILITY ABANDOMENT IS REQUIRED AT LOMA LINDA UNIVERSITY HEALTH

Utilize the following procedures when an emergency situation necessitates either full or partial facility evacuation.

RESPONSE

FULL FACILITY EVACUATION PROCEDURE

The authority to order a full hospital facility evacuation resides with the senior administrator (e.g., Administrator-on-Call, Senior Nursing Administrator, or LLUH Incident Commander when LLUH Command Center has been activated) in consultation with the public safety agency command officer on scene.

The LLUH Command Center and/or Public Safety Incident Command Post will be established if a full hospital facility evacuation has been ordered to facilitate evacuation, resources, communication, and coordination with external agencies (public safety, Medical Health Operational Area Coordinator).

The Area Specific Evacuation Plan provides unit specific guidance on horizontal, vertical, and external evacuation routes and relocation points.

Upon the order for a full hospital facility evacuation, staff should prepare patients for relocation outside of the facility.

1. Reverse triage – the most stable patients requiring the least amount of resources will be evacuated from the hospital first.

2. Use of elevators is permissible when determined to be safe by Facilities and/or Public Safety.

3. On buildings with three or more floors, stairways are designated for direction of travel to avoid cross traffic (down only or up only), unless hazards prohibit use. Stairwells on the perimeter of the building will generally be used for downward traffic, while stairwells in the center of the building will generally be used for upward traffic.

   Buildings with designated traffic flow patterns include:

- LLUMC: Stairways located on the ends of 100, 300, and 400 towers are designated for downward traffic. The central stairway by the elevators is designated for upward traffic.
- LLUCH (700 and 800 towers): Stairways located on the corner and ends are designated for downward traffic. The central stairway by the elevators is designated for upward traffic.
- LLUMC-Murrieta: East and West Stairwells (floors three and above) are wide enough to accommodate bi-directional traffic. The incident commander and/or public safety officer will designate a direction of travel based on need and safe conditions.

4. Patients ready for evacuation will be staged in hallways near stairwell, or elevator(s) if deemed safe to utilize.

5. Staff will utilize evacuation devices (sleds or stair chairs as appropriate per patient condition) to evacuate patients down stairways.

6. Clinical staff appropriate and necessary to manage patient care will accompany the patient during evacuation.

7. Upon exiting the facility, patients will be taken to designated external relocation point(s) and offloaded from evacuation device.

8. Evacuation devices will be returned to units for continued evacuation of patients.

9. Patient movement and evacuation status will be documented electronically or on paper downtime forms to track patient location and disposition.

Clinical Staff Responsibilities

Clinical staff are responsible for reverse triaging patients according to patient acuity, preparing patients for evacuation, and providing continuity of patient care during and after the evacuation.

Clinical staff should place patient records and documentation, necessary medical equipment, and medications with patients as time allows and stage patients near the appropriate evacuation location. Patient evacuation status should be documented in EHR, or use downtime procedures and forms if EHR is down (e.g., LLUH IP Admission/Transfer/Discharge Movement Tracking Form). Status of patient evacuation is communicated to unit Charge Nurse.

Unit Secretary Responsibilities

Unit secretaries will support communication during the evacuation process, documentation, and assist clinical staff and Charge Nurse in maintaining patient evacuation documentation and record of patient flow.

Charge Nurse Responsivities

Charge Nurses supervise and manage the evacuation process on units, document unit evacuation status, and communicate with Patient Placement and/or LLUH Command Center if established.

Charge nurses should obtain patient evacuation status from clinical providers and track overall evacuation status of unit electronically or using downtime procedures and forms (e.g., HICS 254 – Disaster Victim/Patient Tracking form and HICS 255 – Master Patient Evacuation Tracking Form). Status of unit evacuation is communicated to unit Patient Placement and/or LLUH Command Center, if established.

Evacuation Team Responsibilities

Evacuation team members are responsible for obtaining available evacuation devices, preparing devices and packaging patients, and moving patients using evacuation routes to external relocation points. Evacuation team members should then offload patient and return the evacuation device to unit(s) for use with next patient.

PARTIAL FACILITY EVACUATION PROCEDURE

The decision to evacuate an immediate patient care area or room may be made by staff at the site. The decision to move patient(s) to another care unit is authorized by the Nurse Manager or Charge Nurse in the evacuating unit, or by the public safety agency command officer on scene. If evacuation requires movement of patients out of the building, it is done only on the order of an administratively responsible person or public safety agency command officer in coordination with the entire facility.

Whenever appropriate, horizontal evacuation to locations separated by smoke-stop partitions and fire walls is attempted before considering vertical movement of patients and/or staff.

The Area Specific Evacuation Plan provides unit specific guidance on horizontal, vertical, and external evacuation routes and relocation points.

When conditions require a partial facility evacuation, staff should prepare patients for relocation to appropriate units within the facility and/or relocation outside of the facility. Staff responsibilities remain the same as in Total Facility Evacuation Procedure.

Horizontal Evacuation

- First and preferred action for evacuation of patients off unit
- Patients are relocated on the same floor to an area which is separated from the incident area by fire walls, smoke barriers and cross-corridor fire doors.
- If moving to the primary horizontal relocation point is not feasible, a secondary horizontal relocation point is considered before attempting vertical or external evacuation.
- *Refer to your Area Specific Evacuation Plan for further details.*

Vertical Evacuation

- Secondary action if horizontal evacuation is not appropriate or is inadequate
- If conditions prevent safe evacuation to a horizontal location, then evacuation should proceed to a vertical relocation point at minimum two floors below the floor affected by the incident, but never to level lower than a floor which has direct egress to the exterior of the building.
- *Refer to your Area Specific Evacuation Plan for further details.*

External Evacuation

- Final action: if vertical evacuation is not appropriate or is inadequate
- Persons are moved to predesignated relocation points outside the building for reassignment, treatment in temporary treatment areas, or transfer to other facilities.
- *Refer to your Area Specific Evacuation Plan for further details.*

Patient beds and gurneys may be used to relocate patients to relocation point. Evacuation devices for patient movement down stairwells will be utilized if elevators are unsafe to use.

PREPARATION

Education & Training

1. Staff are educated in Facility Evacuation awareness through the following venues:
   - Annual BLUE Book competency

Policies

Facility Evacuation is covered in detail in the LLUH Emergency Operations Plan, Section 8 – Emergency Evacuation and Protection.

Information on evacuation routes and relocation points is maintained in the *Area Specific Evacuation Plan* maintained by each unit/department.

MITIGATION

LLUH maintains a robust safety program and policies designed to minimize life safety and infrastructure damage that would result in the need for a partial or full facility evacuation.

Established processes exist for working with local Emergency Medical Services Agency representatives for coordination of EMS transport resources and patient distribution to area hospitals.

Institutional resources designed for all-hazard emergency response are established to support employees and patients during an evacuation event with food, water, and necessary supplies.

RECOVERY

General Responsibility

Recovery from a partial or full facility evacuation is a complex, multi-faceted process that will be managed by Administration and Clinical Leadership. The LLUH Command Center will remain activated to provide support for operations, logistics, planning, finance, communication, and external agency coordination.

Administration/ Command Staff

The Hospital Administrator or designee (i.e., Incident Commander) is responsible for assessing criteria for reopening of facility, ordering reopening and repatriation of patients, and overseeing restoration of normal operations.

The Public Information Officer will manage internal and external communication, including communication with family members and family reunification issues.

The Liaison Officer will notify local agencies of event termination and facility reopening.

The Safety Officer will oversee the safe return to normal operations and repatriation of patients, including coordination of required clearances for licensure.

Command Center General Staff

The Operations Section will oversee assessment of facility damage and functional capacity, facility repairs. restoration of services and utilities, re-establishment of patient care and management activities, and repatriation of evacuated patients.

The Logistics Section will facilitate equipment certification and provision of supplies, equipment, food/water, and provide debriefing and mental health support.

The Planning Section will complete the Incident Action Plan(s) and demobilization plan, compiling of incident documentation, and writing the after-action review and corrective action plan.

The Finance Section will compile expenses, recovery cost and estimated lost revenue, and work towards financial mitigation strategies.

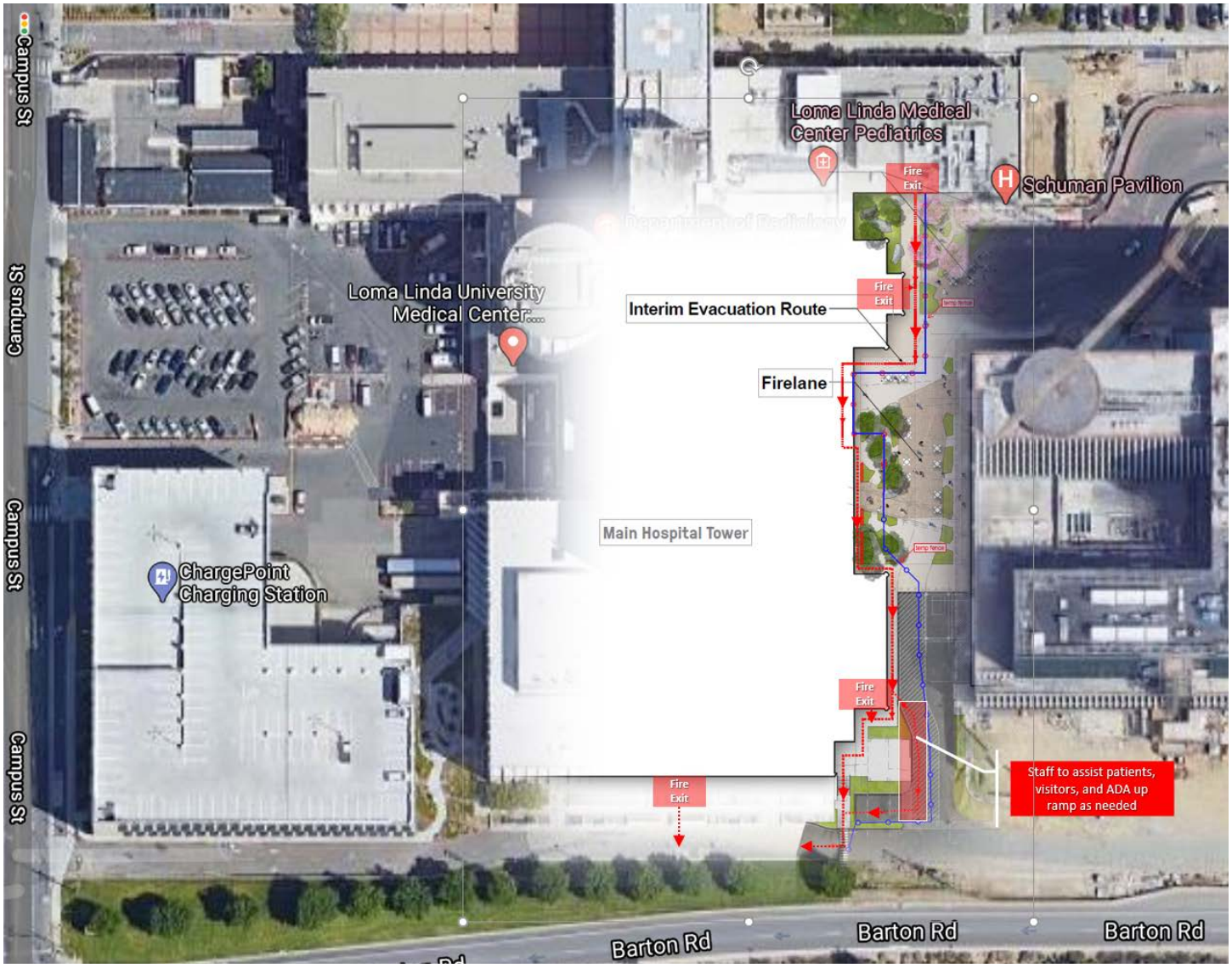
Evacuation Equipment and Supplies

At the conclusion of the facility evacuation, all evacuation equipment should be returned to the staging area designated by the LLUH Command Center.

All reusable evacuation equipment shall be evaluated for suitability for continued use and decontaminated prior to being placed back into service.

SECTION 11.20.A-1
FACILTY EVACUATION APPENDIX

LLUMC/LLUCH - Interim Evacuation Plan (Construction)
Effective August 31, 2020



Proceed to designated external relocation points upon exiting building

Staff to assist patients, visitors, and ADA up ramp as needed