

PURPOSE:

The purpose of this policy is to provide a plan for the safe evacuation of the hospital in cooperation with other local hospitals, and the Greater Dayton Area Hospital Association (GDAHA).

POLICY:

Evacuation of a hospital facility is associated with a current and on-going emergency code, for which an incident command has been established. The need to evacuate will be decided on by the Incident Commander (IC), Command Staff, and General Staff of the Hospital Incident Command System. Upon decision to evacuate, the following actions will be taken:

1. Incident Commander will direct that a “Code Green” be announced overhead within the facility affected. In the case that the overhead paging system is affected an alternative method of communications to all areas of the facility, will be determined.
2. A co-located Hospital Command Center (HCC) will be established outside of the facility, but within operational control of evacuation activities.
3. If not completed by responding PSP, establish locations for:
 - a. Inner and outer parameter to control activities of the evacuation.
 - b. Locations (Staging) for incoming personnel and vehicles.
 - c. Triage,
 - d. Patient holding areas.
 - e. Hospital Staff.
4. Depending on the acuity of a patient, a nurse may be assigned to accompany the patient during the transfer to the designated location.
5. Physicians will maintain medical care for persons being evacuated and discharge patients as appropriate.
6. All equipment (wheelchairs, stretchers, paraslydes, backboards, etc.) not in use that could be used for evacuation will be staged at a predetermined location identified by incident command.

7. Procedure for Immediate Evacuation:

- a. Patients are to be evacuated to the nearest point of safety in the following priority:
 - i. All patients and /or visitors closest to danger.
 - ii. Ambulatory patients, visitors, volunteers.
 - iii. Wheelchair patients.
 - iv. Non-ambulatory patients.

- b. Patient Flow (Evacuation): A patient evacuation in an emergency will be carried out in five (5) progressive stages. Each successive stage will allow a progressively larger portion of the building to be evacuated. These five phases are:
 - i. Phase 1 – Patient room or work area evacuation.
 - ii. Removal of persons from the space containing the emergency.
Any employee who discovers the emergency must begin and carry through this step on their own and then notify their supervisor immediately
 - iii. Phase 2 – Multiple patient rooms, work area, waiting area or fire compartment evacuation.

Multiple patient rooms, work areas, waiting areas or fire compartments:

When an emergency has progressed to a point where it cannot be contained within the room of its origin, the immediate supervisor will give a verbal order to evacuate person/PATIENT from the adjacent rooms. The supervisor will notify the Incident Commander, Operations Chief to provide support and decision on additional evacuation needs.

- iv. Phase 3 – Nursing unit/total work area evacuation.
When an emergency has progressed to a point where it cannot be contained within the immediate area of origin, then the patient, visitors, employees, and volunteers will be evacuated from that unit. This evacuation will be under the direction of the Incident Commander. Additional personnel to support evacuation will be assigned through the HCC. Activation of the disaster call list may be initiated by the Incident Commander.

Kettering Medical Center Systems (KCMS)-Wide Policy

KHN adopts this policy for Kettering Medical Center, Sycamore Medical Center, Kettering Behavioral Health, Kettering Physician Network and all Support Service Sites.

Initial evacuation will be completed horizontally. In the event that horizontal exits are not available, vertical evacuation will be considered. Determination of evacuation method will be under the direction of the Hospital Incident Command (HIC).

iv. Phase 4 – Entire floor evacuation.

When an emergency places other units or work areas in imminent danger the Incident Commander or PSP will order the entire floor to be evacuated. Vertical evacuation will be used by routes and methods to ensure staff and patient safety. Specific routes may be identified for use by the incident command staff. Use of elevators must be approved by the Incident Commander or PSP. Elevators will be reserved for patients who are bedfast and other means of evacuation would risk their management of care. Patient records and immediate patient care supplies shall be evacuated with patients when time permits.

v. Phase 5 – Entire building evacuation.

All patients will be taken to the appropriate staging area for transport to other facilities.

Temporary facilities for managing patient awaiting transport for each facility are:

1.

Non-critical patients will be immediately sheltered until other arrangements can be made for transportation to other Network facilities, Greater Dayton Area Hospital Association (GDAHA) hospitals, or other appropriate facilities. When patients have all been evacuated, remaining hospital personnel will be transported out of the area.

8. Responsibilities of staff during evacuation:

- a. The primary nurse assigned will assist the Transportation Officer by completing the Code Green Cover Sheet and attaching it to the patient's medical records for transfer.
- b. Transport patients to the patient evacuation staging point.
- c. Once care is turned over to a transporting agency, provide information to the Transport Officer by submitting the completed Code Green Cover Sheet. The following documentation will be included on the sheet: patient's name, medical record number, unit of care, destination of patient, agency providing transport, time of departure, condition of patient on transfer, and destination location.
- d. Time permitting, medications and personal affects should be sent with the patients.
- e. Document all transfer and patient care activities on the patient's medical record.
- f. Personnel will respond to a department identified "safe site" when an evacuation is announced, unless immediate evacuation is occurring in their unit. Once all staff is accounted

for, all available staff should report to the Labor Pool as identified by incident command. Staff should be aware that during evacuation, they are not released from work until identified by the Labor Pool Officer.

9. Greater Dayton Area Hospital Association

a. Memorandum of Understanding (MOU) has been signed through GDAHA which assists in our coordination with other area hospitals and other healthcare agencies for immediate transfer of patients during emergencies. Additional agreements have been signed for emergency transfers for hospitals supported by the Ohio Hospital Association.

b. Procedures have been approved for facilities to provide reciprocity of:

- i. Staff privileges.
- ii. Transfer and admission of patients
- iii. Emergency supplies
- iv. Ancillary patient facilities.
- v. Medical records.

10. Transportation Plans

- a. Incident Command is responsible for arranging the type of transportation needed to evacuate patients, visitors, and staff. This will be in coordination with PSP.
- b. Transportation vehicles may be obtained from area support agencies through Greene County EMA, Greene County Transit Board, private ambulance companies, EMS, school districts, etc.
- c. When patients have all been evacuated, remaining hospital personnel will be transported to a location for debriefing and/or release from work.

11. Evacuation areas will be secured and reported to the HCC for tracking purposes. Coordinated efforts with the appropriate person on the appropriate securing of areas will be completed by incident command.

12. Notification and Documentation of the End of Evacuation

- a. HCC will document that all patients have been accounted for and appropriately transferred or discharged including the current location.
- b. HCC will notify patient's physicians updating them on the current location of the patient.

SPONSORING DEPT:	KMCS Security
DEPARTMENTS AFFECTED:	ALL
DATE OF ORIGIN:	Complete
LAST REVIEWED:	Complete
LAST REVISED:	Complete
APPROVED BY:	
EFFECTIVE DATE:	