



Should I stay
or should I
go now?



Healthcare Facility Sheltering,
Relocation, and Evacuation

December 8, 2010



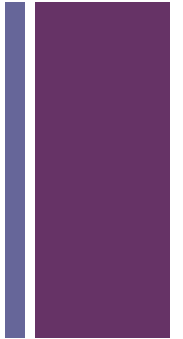
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+ If I go there will be trouble...



+ If I stay it will be double...



+ Background – Stuff Happens

Recent Events

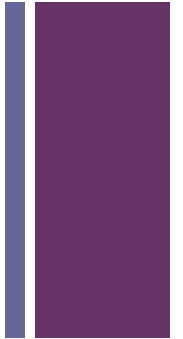
- 2009 – Red River Floods
- Hospital Evacuation in Fargo
- Nursing Home and Assisted Living - MN
- 2010 – Nursing Home Evacuation – Flash Flood
- Other less well known possibilities that almost happened



+ Evacuation by the numbers

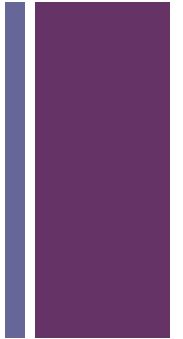
- 1971-1999 – 275 self-reported hospital evacuations
- Peak 33/year (Northridge), Average 21 in 1990s
- Causes:
 - Internal fire- 23%
 - HAZMAT internal – 18%
 - Hurricane – 14%
 - Human threat – 13%
 - Earthquake – 9%
 - External fire – 6%
 - Flood – 6%
 - Utility Failure – 5%

More than 50% of hospital evacuations occurred due to INTERNAL incidents



+ Issues

- Inconsistent and confusing terminology
- Differences between hospital and long-term care settings
- Lack of standardized decision-making regarding evacuation
- Lack of standardized processes and tagging/tracking of patients
- Inconsistency regarding the types and quantity of information sent with the patients
- Product for both Hospitals and LTC facilities



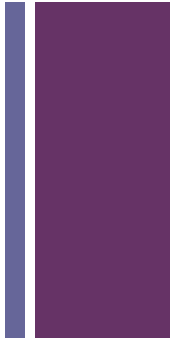
+ Overview

- Incidents that may require sheltering, relocation, or evacuation
- Definitions
- Unit-based actions
 - Sheltering and relocation
- Command issues and actions
 - Considerations and decision-making
 - Staging and transportation
- Patient documentation and movement
- Transportation and Tracking





Definitions



- **Shelter in place** – patients sheltered on the same unit within a facility (though minimal movement may be necessary to move them away from a specific hazard)
- **Relocation** – patients are moved to other units *within* the same facility (i.e. on that facility campus) - horizontal (preferred) or vertical within the facility.
- **Evacuation** – patients are moved to *another* healthcare facility for continued care due to unsafe conditions
 - Subset of patients – partial evacuation (e.g. dialysis patients moved due to unsafe water following flooding)
 - All patients – complete evacuation.

+ Types of actions

- No-notice or emergency evacuation – for example, a fire within the facility may require immediate evacuation depending on the scope
- Urgent evacuation – evacuation that must occur within a matter of hours – for example, in anticipation of flooding or in response to another evolving hazard

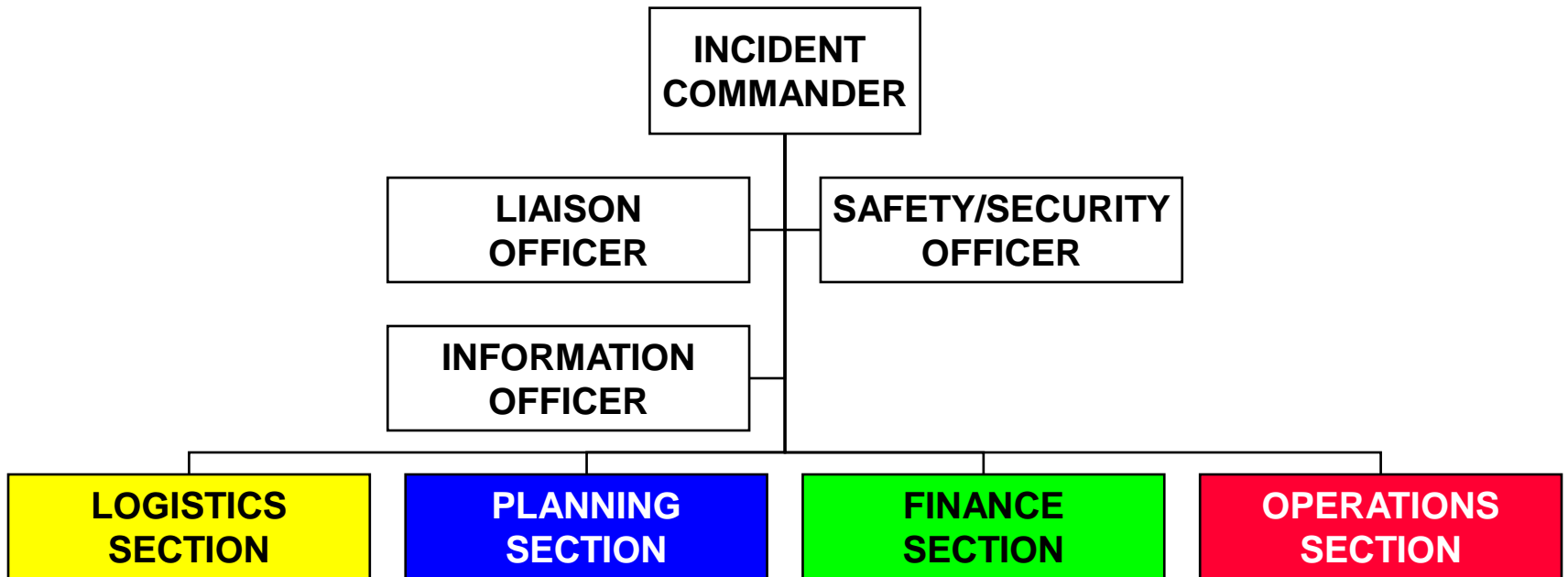


+ Factors influencing actions

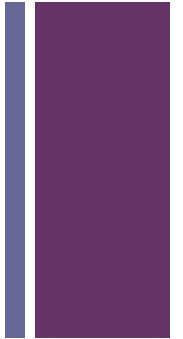


- Triggers
- Proximity - Time to event
- Duration of event
- Gravity - Impact of event – potential life-threat
- Impact of actions taken
 - Evacuation of outpatient clinic area
 - Evacuation of ICU
 - Evacuation via elevators
 - Evacuation via stairwells

+ ICS Framework



+ Unit-based actions



■ Shelter

- Weather
- Security
- Chemical

■ Re-locate

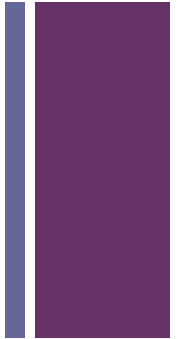
- Risk of movement vs. threat
- Pre-identified primary and secondary locations
 - Horizontal strongly preferred

■ Patient movement

- Move those at greatest risk from the threat first
- Do not take belongings, records, etc. in emergency

+ Unit-based actions

- Unit leader (charge RN) has authority to initiate shelter and relocation actions (as would any staff recognizing an unsafe situation)
- Unit leader should activate incident command system / notifications appropriate to the event
- Each unit should have a clearly identified pack with vest, 'room clear' labels, tracking tags, and other supplies
- Following any unit-based actions and based on the event, the unit leader may begin triaging and preparing patients for movement to a staging area for evacuation awaiting instructions from incident command



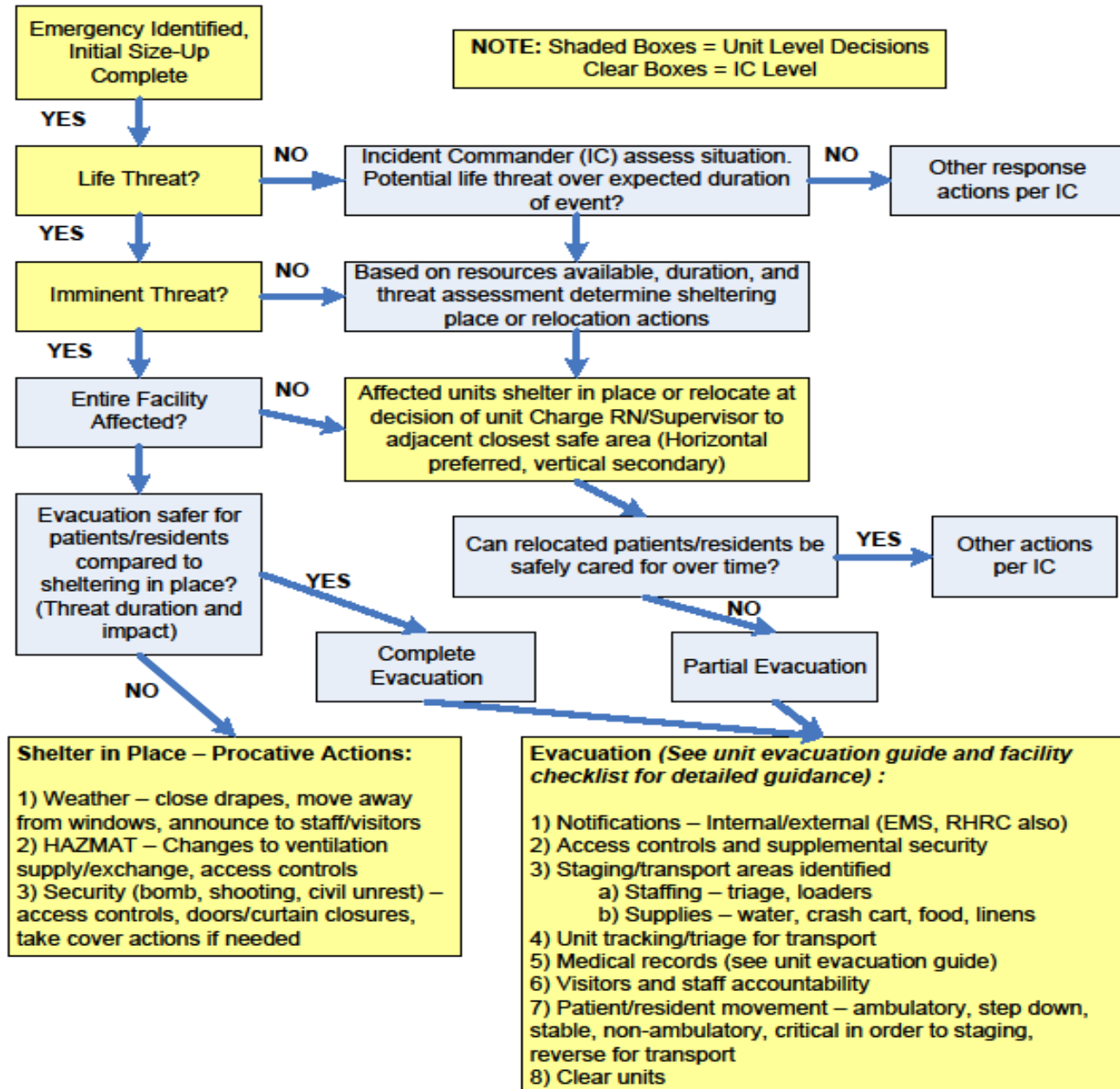
+ Command Decisions



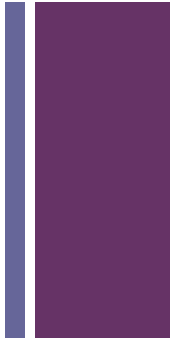
- Situational awareness
 - Impact, timeline (onset and duration), facility resources
 - May require ongoing analysis (flood)
 - May be impacted by outside factors (potable water, ability to deliver supplies)
- Action analysis
 - Potential for safe relocation (floor patients vs. ICU)
 - Timeline to evacuate – transport resources and transport time
 - Community resources to aid with evacuation (adequate available now? Adequate available if evacuation required later in event?)
 - Partial or complete evacuation?



Sheltering, Relocation, and Evacuation Decision Tree



+ Patient Triage



- REVERSE TRIAGE on inpatient units
 - Move ambulatory patients in a group or a few groups with escort FIRST (Green)
 - Move stable non-ambulatory patients SECOND (Yellow)
 - Move the least stable patients LAST (Red)

- Once at staging...normal priority
 - RED first to go
 - YELLOW second
 - GREEN last (and/or via bus, etc)

- KEY POINT: Triage during evacuation reflects priority for EMS transport, NOT movement to staging

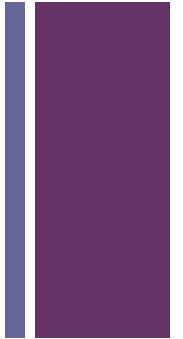
+ Patient Triage



Triage Level	Priority for Evacuation off nursing unit - REVERSED START PRIORITY	Priority for Transfer to another healthcare facility - TRADITIONAL START PRIORITY
RED - STOP	These patients require maximum assistance to move. In an evacuation, these patients move LAST from the inpatient unit. These patients may require 2-3 staff members to transport	These patients require maximum support to sustain life In an evacuation. These patients move FIRST as transfers from your facility to another healthcare facility.
YELLOW - CAUTION	These patients require some assistance and should be moved SECOND in priority from the inpatient unit. Patients may require wheelchairs or stretchers and 1-2 staff members to transport	These patients will be moved SECOND in priority as transfers from your facility to another healthcare facility.
GREEN - GO	These patients require minimal assistance and can be moved FIRST from the unit. Patients are ambulatory and 1 staff member can safely lead several patients who fall into this category to the staging area.	These patients will be moved LAST as transfers from your facility to another healthcare facility.



Unit – based actions during evacuation



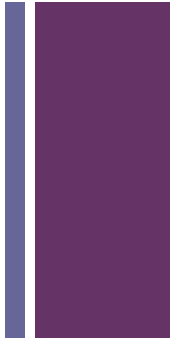
- Triage tag patient Urgent evacuation – provide list of patient transportation needs to hospital command center
- Tag belongings with corresponding bands/number off triage tag
- Print patient summary per instructions of IC
- Facility specific information....

+ Unit – based actions during evacuation

- Escort green patients to staging area (emergency – as soon as possible, urgent – when notified by staging/command center)
- Move yellow patients
- Move red patients
- Sweep unit, tagging doors across door frame with 'room clear'
- Unit leader accounts for staff in staging area, facilitates support for patients until transported



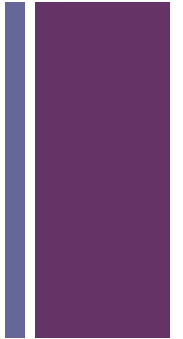
+ Training Matrix



- Guidance of three groups of job positions, cross referenced with sub-competencies
- Level of training by position
- Description of sub-competencies

	Awareness / All (1)	Knowledge / Operations (2)	Proficiency / Command (3)
Introduction – potential triggers, need for consistent terms and plan	√	√	√
Definitions – timing (urgent/emergent) and types (shelter, relocate, evacuate)	√	√	√
Unit-based actions: •Sheltering actions •Relocation actions	Actions taken by individuals to protect patients (where to move, how to move)	√	√
Decision-making : •Sheltering •Relocation •Evacuation		Decision to shelter/relocate/evacuate a unit	Risk/benefit of all three, considerations for partial/complete facility evacuation
Incident Command	Who do you answer to?	Who do you supervise/report to?	Organizing command response and communication within facility
Inter-agency Coordination Activities			EMS, RHPC ¹ , Other hospitals
Transportation		Interface in staging	Organization / vehicle staging
Staging		Interface unit-to-staging	Locations, supplies, staffing
Patient triage / color system	Tags / using tags	Accessing evac kits, triage process	Triage process - general
Patient records and belongings	√	√	√
Patient movement (relocation/staging)	Means of moving patients (including equipment education)	Internal patient transport to relocation/staging area	Organization of patient movement to staging area (By units? All at once?)
Staging: •Supplies •Staffing •Loading areas	Location of unit default staging area	Location of and role in staging area	Establishment of staging areas, supplies and locations, supervision
Facility shut-down considerations		Facility-specific (IT, security, facilities supervisors, etc.)	Situational analysis, decision-making, command/control

+ Three Groups & Levels



- **All Staff – Awareness**

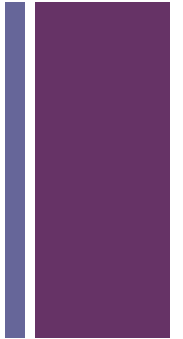
- Self study packet

- **Operations – Knowledge**

- charge nurses, supervisors, managers and director

- **Command staff – Proficiency**

+ Facility Shut-Down / Essential Personnel



- Essential operations
 - Facilities
 - Communications
 - Security operations / Safety
- Expectations by unit type
 - Business
 - Outpatient areas
 - Inpatient areas
- Checklist of shut-down, lockdown procedures
- What if patients still come?

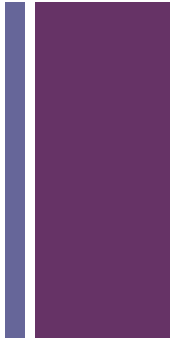
+ Scenario-based discussions





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+ Scenario #1



- Severe weather threat
- Warning time? Impact?
- Duration of impact?
- Appropriate actions to take now?
- Anticipate possible actions after impact.....



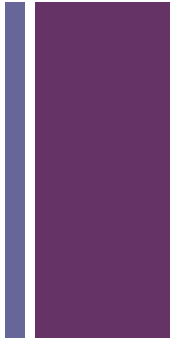


London Marsdan Hospital 2008 - BBC


PARKING
VEHICLE ID
REQUIRED
UP TO \$200 FINE
FOR VIOLATION



+ Resources



- Template and materials can be found at:

<http://www.health.state.mn.us/oep/healthcare/flood.html>



Questions



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