# Safe Evacuation Policy and Procedure

<Incorporate your organization’s existing policies and procedures that apply to these recommendations.>

<FIND and REPLACE WORDS: Look for the words in GREY. Find and replace the following words to shortcut development of this policy and procedure:>

* <insert Organization’s name> = Your Organization’s Name
* Patient, patients, patient = Use the most appropriate words that describes the individuals that your organization services (i.e. patient, resident, participant, client, etc.)

Insert additional organizational information in all other areas marked in GREY.

<Delete these instructions in RED>

## Policy: Safe Evacuation

This Safe Evacuation Policy & Procedure was developed to guide staff and senior leadership of <insert Organization’s name> when evacuation from a program site(s) is warranted due to an emergency. Staff and senior leadership will be instructed on how to create a safe environment during evacuation following an incident.

### Policy and Procedure Objectives: Safe Evacuation

* Provide for the safety of patients, staff, and visitors
* Provide for patient care and management during and after a disaster
* Conduct safe and rapid evacuation of a program site(s)
* Plan for safe patient, staff, and visitor reunification and service restoration

### Procedures: Safe Evacuation

This procedure will delineate staff and organizational responsibilities during an evacuation with the goal of ensuring the safety of all patients, staff, and visitors. This procedure will ensure the provision of medical and other types of care, management of a safe and rapid evacuation of the program site(s), and planning for both reunification and service restoration.

### Staff Responsibilities

* Understand and comply with this Safe Evacuation Policy & Procedure.
* Understand their unique role during an emergency.
* Follow the Incident Command System assignments
* Following orders given by public safety authorities (fire, police, etc.).
* Remain calm and use common sense and good judgment.
* Listen for the shelter-in-place orders over the overhead paging system (Please delete if no overhead paging system or replace with your organizations’ type of public address system) by the person in charge or Incident Commander
* In an evacuation is ordered, direct and assist patients and visitors to the closest exit.
* Remain at work unless you are released by your supervisor.

### <Insert Organization’s Name> Responsibilities

* + - Provide emergency preparedness staff training regarding safe evacuation policies and procedures conducted <insert frequency of staff training (s)>.
    - Provide emergency preparedness training for all new staff during their orientation.
    - Conduct emergency preparedness exercises to ensure staff is competent in evacuation procedures and familiar with Incident Command System (ICS) and Incident Management Team (IMT) responsibilities.
    - Ensure that <insert organization’s name> is equipped with life safety systems to monitor and protect the working environment as per applicable Federal, State, and local laws.
* Maintain the proper placement of fire extinguishers, evacuation route maps, emergency lighting, and exit signs to guide individuals in the event of an evacuation.
* Consider the needs of patients, staff, and visitors being evacuated from the program site(s).

### Immediate Response Activities

* Activate <insert Organization’s name>’s Emergency Operations Plan and designate an Incident Commander (IC).
* Assess patients for adverse impacts related to the incident.
* The IMT will confer with local response authorities regarding the need to evacuate from program site(s).
* The Incident Commander has the authority to issue the Evacuation Order for <insert organization name> program site(s).
* Designate searchers to systematically search all offices, treatment rooms, meeting spaces, etc.
* Once a room is cleared, the searchers will indicate the “all clear” signal by closing the door and placing an evacuation placard on the OUTSIDE of the door to indicate that the room has been “cleared”.
* For staff at program site(s) with multiple floors: <Delete these instructions if program site(s) are only one story.>
  + Proceed down the stairway (if available) in an orderly manner.
  + Do not use elevators.
  + Allow ambulatory individuals to proceed down the stairs first.
  + Utilize evacuation chairs or other appropriate devices to evacuate non-ambulatory patients.
* During evacuation, specified IMT members will carry a <Insert Radio Model Name and Number> (i.e. Motorola DTR 650 Radios) to stay in communication with the Safety Officers and IMT.
* Calmly evacuate the building using the primary evacuation route or secondary evacuation routes as needed (see evacuation routes in *Part 4* of the Emergency Operations Plan).
* Report to the primary assembly point located at <insert primary assembly point> to be accounted for by the Incident Commander or designee.
* If the primary assembly point is not accessible, report to the secondary assembly point located at <insert secondary assembly point>.
* Do not re-enter the building until the appropriate authorities give notice that is it safe to do so.
* Prepare to shut down the program site(s) following an evacuation order.

### Extended Response Procedures

* Manage critical communications with families, external stakeholders, and media.
* Ensure staff, volunteers, patients, and families or representatives are briefed on the status of the situation.
* Determine whether it is safe to return to the program site(s).
* Notify the state survey agency and other response authorities and request permission to return patients to the facility.
* Notify vendors and other appropriate contacts of the plan to reopen following the disaster.

### Triage Process

<Incorporate any of your existing triage processes as needed. Delete these instructions in RED.>

* If possible, triage injured patients prior to arrival of emergency responders. Indicate which patients have more serious injuries that will require immediate care.
* Triage prioritization may be based on acuity level, ambulatory status, location of treatment areas, etc.
* Pre-determine who specifically will be tasked with making triage decisions.
* Call emergency transportation for those that need transportation to other medical providers/facilities.

### Transfer Process

<Incorporate any of your existing transfer processes as needed. Delete these instructions in RED.>

Transfer is defined as the physical relocation, transport, and, where necessary, the escort of patients from <insert Organization’s name>to another care facility during an emergency. If <insert Organization’s name> find it necessary to evacuate patients to other medical facilities for ongoing care, the following transfer process will be utilized:

* Patient transfers may occur between <insert Organization’s name> to another healthcare provider (see list below) when program site(s) cannot adequately treat patient(s) during an emergency.
* Every effort will be made by staff to maintain continuity of care throughout an emergency.
* Prepare medical records and other critical data for preservation and accessibility.
* Assess all patients and identify those that are most in need of a transfer to a higher level of care.
* Coordinate with the Operations Section and local authorities to determine the appropriate order of patient transfers.
* Consider available transfer sites, road conditions, availability of transportation, and patient acuity and special needs.
* Assist with preparation of medical information and critical supplies to be sent with patients.
* Ensure that HIPAA privacy protections remain in place during a disaster.
* Clearly communicate patient care requirements with the receiving facility. Include information such as abbreviated patient health conditions and history, current medications, injuries, allergies, and treatment rendered.
* Utilize standard color coordination for triage status (i.e. green folder with this information is for less critical patients; red folders for critical and urgent evacuated patients, etc.).
* Include family member/representative contact information with all patient medical records.
* Communicate and cooperate with colleagues, the patient, their family, and the receiving facility regarding the patient’s status.
* Maintain ongoing communication with receiving facilities to ensure safe arrival of patients.
* Copies of existing transfer agreements can be found in *Section #6: Reference Documents.*

<Utilize this section if your organization has Transfer Agreements with other medical facilities in the event of evacuation during an emergency. Only include those facilities you have made arrangements with and delete the other grids. Delete these instructions in RED.>

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| --- |
| **Transfer Facility #1**  Health Care Provider Name:  Health Care Provider Address:  Health Care Provider Phone Number:  Type of Health Care Provider: |
| **Transfer Facility #2**  Health Care Provider Name:  Health Care Provider Address:  Health Care Provider Phone Number:  Type of Health Care Provider: |
| **Transfer Facility #3**  Health Care Provider Name:  Health Care Provider Address:  Health Care Provider Phone Number:  Type of Health Care Provider: |
| **Transfer Facility #4**  Health Care Provider Name:  Health Care Provider Address:  Health Care Provider Phone Number:  Type of Health Care Provider: |

### Reunification after Evacuation from a Program Site(s)

Reunification involves reconnecting patients with family members or others as quickly as possible following a disaster.

#### Staff Reunification of Families

* Maintain contact information for families and staff in digital/electronic formats as well as print formats.
* Develop a family reunification plan that can be used following a disaster.
* Store vital records and other pertinent information in alternate locations such as DropBox, flash drives, etc. Password protect all private information.
* Plan for the unique medical, emotional, and transportation needs of all family members including pets.

#### <Insert Organization’s Name> Reunification Process

* Regularly update staff, vendors, and external contacts to ensure all information is current.
* Use designated assembly points to gather patients, staff, visitors following an evacuation.
* Collect and bring the visitor logs or other internal name and staff lists to the designated assembly point to identify who was in the building at the time of the evacuation.
* Check off all names on visitor logs or other internal name and staff lists Point to ensure everyone was evacuated from the building.

### Extended Response Procedures

* Inform the state survey agency and other response authorities of any change in patient or facility status.
* Ensure staff, volunteers, patients, and families or representatives are briefed on the status of the situation.
* Determine whether it is safe to return.
* Notify the state survey agency and other response authorities and request permission to return patients to the facility.
* Inform vendors and other appropriate contacts of the situation and the plan to return to the facility.

### Restoration of Services After a Disaster

* Complete repairs and/or cleaning of facility as needed.
* Track costs for staff time and other expenditures.
* Oversee the implementation of mutual aid agreements and/or emergency vendor agreements, and the execution of business continuity protocols as indicated.
* Resupply as needed to ensure the program site is “patient-ready.”
* Arrange for inspections from local and state authorities as instructed by local, State and Federal regulations.
* Monitor all costs, including claims and insurance reports, lost revenue, and expanded services.
* Determine a staffing plan that includes numbers, schedules, and assignments during and after an evacuation.
* Resume normal operations.