



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

November 22, 2005

Re: Evacuation Plans

Dear Chief Executive Officer:

The New York State Department of Health (NYSDOH) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) require hospitals to develop plans to safely evacuate their patients to an alternate setting in an emergency situation. As a result of the well documented tragedies associated with Hurricanes Katrina and Rita, concerns over the adequacy of these plans have come to the forefront.

In 2004, a NYSDOH led committee was convened to develop a 'gold' standard to assist hospitals and nursing homes in the development of facility evacuation plans. The committee is comprised of members from Health Systems Emergency Preparedness, Emergency Medical Services, Public Health Preparedness, the division of Quality Assurance and Surveillance, the Bureau of Hospital and Primary Care Services, as well as the State Emergency Management Office (SEMO) and the New York City Office of Emergency Management.

The enclosed Hospital Evacuation Plan template (**Attachment I**) is a result of the committee efforts and should be distributed to those staff responsible for your hospital evacuation plan. The NYSDOH will be reviewing hospital evacuation plans to determine adequacy and efficacy of the plan. Review of the plans will also allow the Department and local emergency management staff to evaluate regional efforts and identify potential conflicts, over-commitment of vendors and services, and available beds. Results of these reviews will allow the Department and regional partners to focus on preparedness planning to address potential gaps. A crosswalk form is enclosed (**Attachment II**) that allows the hospital to identify what section/page of its plan addresses a specific template element. **Please note that the NYSDOH is not requiring hospitals to reorganize their plans to coincide with the template.** We have also included a sample form (**Attachment III**) that is used by some facilities to capture critical patient information during an evacuation.

In addition, a HERDS survey will be activated to collect key data within the plan that will facilitate area-wide analysis by emergency management staff and the NYSDOH.

Your hospital total evacuation plan that encompasses the elements identified in the template and the completed cross-walk form must be submitted to your NYSDOH Regional Office and your county emergency management office by **January 31, 2006**.

Should you have any questions regarding this correspondence, please contact the individual listed for your Regional Office in **Attachment IV**.

Thank you for your cooperation in this matter.

Sincerely,



Martin J. Conroy, Director
Bureau of Hospital and Primary Care Services



Bruce I. Fage, Director Health
Systems Emergency Preparedness

cc: David Wollner
Lisa Wickens
Geraldine Bunn
Salvatore Page
William Hoogland
Robert Welch
James Tuffey
Hospital BT Coordinator

Attachment I

HOSPITAL EVACUATION PLAN TEMPLATE

PURPOSE:

To provide guidance in the development of an evacuation plan containing detailed information, instructions, and procedures that can be engaged in any emergency situation necessitating either a full or partial evacuation of the hospital. This plan must incorporate staff roles and responsibilities essential to this process. Staff training for employees on the evacuation plan will include techniques for lifting and carrying patients and knowledge of alternate evacuation routes. The expectation will be that staff will accompany patients and work at receiving facilities subject to receiving proper emergency credentials. Drills and reviews must be conducted to ensure that the plan is workable. Drills are currently required per code 10 NYCRR 702.7. The plan must include back up measures for all components and must be integrated with other pertinent protocols in the facility's comprehensive emergency plan such as activation of hospital incident command system.

1. Activation:

- Define who (title, not name) makes the decision to activate the plan.
- Define who (title, not name) is the alternate if primary person is not available.
- Define how the plan is activated and how it integrates with hospital incident command system
- Define the type/level of evacuation that could occur (limited, entire building(s), entire campus)
- Describe the phases of implementation (i.e. staff notification, accessing available resources and equipment, preparation of patients and essential patient supplies and equipment).
- Define routes and exits identified for evacuation.

2. Securing Hospital Site

- Define the lockdown plan including ambulance diversion.
- Define the plan for communications to NYSDOH Regional Office and Office of Emergency Management (OEM) when evacuation is initiated.
- Describe the alternate sites identified for media center and labor pool including nursing and medical staff.
- Define the procedures in place for securing the facility including controlling gas, medical gases, water and electricity (potentially shutting down or activating generators).
- Describe how coordination with local public safety for determination of inner and outer perimeters for hospital and staging area sites will be established.

3. Identification of the Alternate Site(s)

- Identify alternate/receiving facilities.
- Secure written documentation that confirms the commitment of these facilities (Memorandum of Understanding, Contract, etc.)
- Define process for reaffirming/updating agreements.
- Define the process for contacting facilities to:
- ascertain availability at the time of the evacuation.
- notify identified facilities that patients will be evacuated to their facilities.

4. Resources/Evacuation

- Identify resources/equipment available to move patients from rooms/floors and the procedure in place for inventory control.
- Identify the location of additional resources needed such as additional lighting sources, i.e., flashlights and batteries.
- Identify a clearly marked storage area available 24/7 for this equipment.
- Define the protocol for staff training on equipment use.
- Define the protocol to be utilized for on-going assessment of the patient status for equipment and transportation needs in the event of an evacuation.
- Describe how communication will be maintained for staff and outside resources.

5. Resources/ Continuity of Care

The plan must address how continuity of care will be maintained during an evacuation for patients at all levels of clinical complexity and disability treated in the hospital including:

- How to maintain continuity of care if the usual equipment is not available during the evacuation process.
- How equipment identified as necessary to provide continuity of care can be moved with the patient.
- What resources are available to maintain isolation precautions for the safety of staff and patients.
- How will staff be trained and drilled on this process?

6. External Transportation Resources

- Identify pre-designated areas to congregate patients according to predetermined criteria (I.E. acuity or mobility levels).
- Coordinate transportation vehicle needs/resources with patient needs (I.E.: patient acuity level, wheelchairs, life support, bariatrics)
- Identify secondary/alternate transportation resources to be available if needed.
- List the transportation resources identified – types and numbers (buses, vans, ambulances and ambulettes).
- Secure written documentation that confirms the commitment of required transportation resources (Memorandum of Understanding, Contract).
- Define the process for reaffirming and updating agreements

7. Patient Evacuation Destination

- Specify the protocol to ensure that the patient destination is compatible to patient acuity and health care needs.
- Describe the plan for the order of removal of patients and planned route of movement.
- Train and drill staff on the traffic flow and the movement of patients to a staging area.

8. Tracking Destination/Arrival of Patients

A patient identification wrist band (or equivalent identification) must be intact on all patients.

- Describe the process to be utilized to track the arrival of each patient at the destination. Describe the plan for patient return to the original facility when the hospital is operational.
- The tracking form should contain key patient information, including the following:
 - Medical Record Number or Identifier
 - Time left the facility
 - Name of transporting agency
 - Original chart sent with patient (yes or no)
 - Meds sent with patient (yes or no)
 - Equipment sent with patient (list)
 - Family notified of transfer (yes or no)
 - Private MD notified of transfer (yes or no)

Note: Attachment III is an example of a form that could be used in an evacuation to track patients.

9. Family/Responsible Party Notification

- Define the procedure to notify patient emergency contacts of an evacuation and the patient's destination
- Define the protocol to identify those patients who are unable to speak for themselves.
- Describe the process for assignment of staff members to conduct and track family/responsible party notification.

10. Governmental Agency Notification

- The protocol for emergency notification to public safety for immediate response must be clearly written and educated to staff.
- The protocol for emergency notification of patient evacuation to New York State Department of Health Regional Office and the Office of Emergency Management must be clearly written and educated to staff.
- Define who (title, not name) is responsible to keep a current listing of contact numbers in an accessible location.

11. Room Evacuation Confirmation

- Define the protocol to verify that rooms have been evacuated (i.e. orange tags, chalk on door).
- Define the orientation and annual staff training protocols for room evacuation provided to all staff.
- Describe how the protocols will be tested during drills.
- Describe the mechanism used to communicate the room evacuation confirmation protocol to the responding fire department and other facility first responders.
- Describe the protocol to account for staff, visitors and non-employees (i.e., vendors, contractors) that may be on site during an evacuation.

12. Transport of Records and Supplies

- Describe the procedure for transport of Medication Administration Records (MAR's) patient care/medical records.
- Describe measures taken to protect patient confidentiality during transport.
- Describe the process to transport specialized treatment supplies.
- Define the protocol for the transfer of patient specific medications and records to receiving facility
- The protocol for the transfer of patient specific controlled substances must include the procedure to record receipt, full count and ensure the signature of both transferring and receiving personnel.

Attachment II - HOSPITAL EVACUATION PLAN CROSSWALK

Template Element	Hospital Evacuation Plan	
	Section #	Page #
1. Activation		
Define who (title, not name) makes the decision to activate the plan.		
Define who (title, not name) is the alternate if primary person is not available.		
Define how the plan is activated and how it integrates with hospital incident command system.		
Define the type/level of evacuation that could occur (limited, entire building(s), entire campus)		
Describe the phases of implementation (e.g. staff notification, accessing available resources and equipment, preparation of patients and essential patient supplies and equipment).		
Define routes and exits identified for evacuation.		
2. Securing Hospital Site		
Define the lockdown plan including ambulance diversion.		
Define the plan for communications to NYSDOH Regional Office and Office of Emergency Management (OEM) when evacuation is initiated.		
Describe the alternate sites identified for media center and labor pool including nursing and medical staff.		
Define the procedures in place for securing the facility including controlling gas, medical gases, water and electricity (potentially shutting down or activating generators).		
Describe how coordination with local public safety for determination of inner and outer perimeters for hospital and staging area sites will be established.		
3. Identification of the Alternate Site(s)		
Identify alternate/receiving facilities.		
Secure written documentation that confirms the commitment of these facilities (Memorandum of Understanding, Contract, etc.)		
Define the process for reaffirming/updating agreements.		
Define the process for contacting facilities to:		
<ul style="list-style-type: none"> • ascertain availability at the time of the evacuation. 		
<ul style="list-style-type: none"> • notify identified facilities that patients will be evacuated to their facilities. 		

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Identify resources/equipment available to move patients from rooms/floors and the procedure in place for inventory control.		
Identify the location of additional resources needed such as additional lighting sources, i.e., flashlights and batteries.		
Identify clearly marked storage area(s) available 24/7 for this equipment.		
Define the protocol for staff training on equipment use.		
Define the procedure to be utilized for on-going assessment of the patient status for equipment and transportation needs in the event of an evacuation.		
Describe how communication will be maintained for staff and outside resources.		
5. Resources/ Continuity of Care		
The plan must address how continuity of care will be maintained during an evacuation for patients of all levels of clinical complexity and disability treated in the hospital including:		
<ul style="list-style-type: none"> • How to maintain continuity of care if the usual equipment is not available during the evacuation process. 		
<ul style="list-style-type: none"> • How equipment identified as necessary to provide continuity of care can be moved with the patient. 		
<ul style="list-style-type: none"> • What resources are available to maintain isolation precautions for the safety of staff and patients. 		
<ul style="list-style-type: none"> • How will staff be trained and drilled on this process? 		
6. External Transportation Resources		
Identify pre-designated areas to congregate patients according to predetermined criteria (i.e. acuity or mobility).		
Coordinate transportation vehicle needs/resources with patient needs. (i.e. patient acuity level, wheelchairs, life support, bariatrics)		
Identify secondary/alternate transportation resources to be available if needed.		
List the transportation resources identified – types and numbers (buses, vans, ambulances, ambulettes).		
Secure written documentation that confirms the commitment of required transportation resources (Memorandum of Understanding, Contract).		
Define the process for reaffirming and updating agreements		

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Specify the protocol to ensure that the patient destination is compatible to patient acuity and health care needs		
Describe the plan for the order of removal of patients and planned route of movement.		
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Describe how the protocols will be tested during drills.		
Describe the mechanism used to communicate the room evacuation confirmation protocol to the responding fire department and other facility first responders.		
Describe the protocol to account for staff, visitors and non-employees (i.e., vendors, contractors) that may be on site during an evacuation.		
12. Transport of Records and Supplies		
Describe the procedure for transport of Medication Administration Records (MARs) and patient care/medical records.		
Describe efforts to be made to protect patient confidentiality during transport.		
Describe the process to transport specialized treatment supplies.		
Define the protocol for the transfer of patient specific medications and records to receiving facility.		
The protocol for the transfer of patient specific controlled substances must include the procedure to record receipt, full count and ensure the signature of both transferring and receiving personnel.		

Attachment III

SAMPLE

Patient Critical Evacuation Information*

Patient/Resident Name:

Admission Date:

Medical Record Number:

Attending Physician:

Significant Diagnosis:

Allergies:

Last Temperature:

Heart Rate/Rhythm:

Breath Sounds:

DNR: Yes No

Advanced Directives: Healthcare Proxy Living Will

Isolation Status:

Contact Droplet Airborne Other

Special Requirements: NPO Aspiration Precautions Seizure Precautions

Suction Oxygen Mask Cannula Tube Feeding

IVT: Continuous Medication drips Saline Loc Central Line PICC Line

Other Intravascular Device IV Rate

Mental Status: Oriented Alert Lethargic Mildly Confused Severely Confused

Fall Risk: None Low High

Behavior Problems/Safety Risk: None Wanders Verbally Abusive Physically Abusive

Transfers: Independent Supervision Partial Assist 1 Partial Assist 2 Total Assist

Equipment: None Cane Walker Wheelchair Glasses Hearing Aid Dentures

Prosthesis – Type _____

Restraint: Type How Long

ADL: Independent Supervision Partial Assist Total Assist

Continent Incontinent Bowel Incontinent Bladder

Diet: Regular Other Consistency - Regular Ground Pureed Thickened Liquids

Patient Destination:

Comments:

***Attach copy of patient/resident's medication administration record.**

Attachment IV

Regional Office Contacts for Hospital Evacuation Plans

**Capital District Region
Frear Building
One Fulton Street
Troy, New York 12180**

**Carol Killian
518-408-5300**

**Central Area Region
217 South Salina Street
Syracuse, New York 13202**

**Judy Homer
315-477-8442**

**Western Area Region
584 Delaware Ave.
Buffalo, New York 14202**

**Diana Volkman
716-847-4317**

**Metropolitan Area Region
15th floor
90 Church Street
New York, New York 10007**

**Allen Wierzbicki
212-417-5927**