

# HealthCare Facility Evacuation

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# History of Evacuations

- Hospital located on a barrier island surrounded by water
- We have evacuated the facility multiple times for hurricanes
- Exercise a minimum of one time a year evacuating this facility
- Well refined process
- We are relocating this hospital 4 miles further inland in the near future to mitigate damages

# Evacuation Planning

- Pre Plan
- Involve community partners
- Agreements in place
- COOP is an asset
- Consider back up plans
- **Exercise to test the plan**
  - We exercise this every year



# Timely Decisions

- Timely decision makes the difference
- Delays can be critical
- Political and Financial concerns
- May need to shelter in place if decision is delayed
- Contingency plans

# Patient Tracking

- We use “Teletracking” Disaster tool
- Include Health Information Management Team in planning and exercises
- Electronic and paper tracking methods
- Consider you may have an IT downtime or power failure
- Family and Press considerations
- PIO area defined
- Family assistance center considerations

# Electronic Tracking

- Teletracking
  - Disaster Console
  - Rapidly assign beds within a system
- Used by 60% of the hospitals in Florida
- Regional view available
  - View allows to see available bed types by hospital with no



# Teletracking



# Dorian, Irma, Matthew Evacuations

- ICU patients evacuated evening prior
- Beds were assigned within 15 minutes
- Many ICU patients were flown
- Coastal EMS (contracted provider) provided transports (strike team assistance for bariatric patients)
- Strike team consideration if resources are delayed
- For Dorian the delay in evacuation caused prolonged evacuation of four hours



# Facility Process

- We treat similar to an EMS Casualty Collection Point process
- We turn half of ED into Transport out area
- Patients systematically processed by floor when possible (ICU considerations)
- When room is clear use marking system on door
- When floor is clear use marking system on elevator and stair controls / doors
- Take a walkthrough (twice) to confirm each floor or unit is evacuated
- Unit gets paperwork together and primary report to receiving facility

# Continued

- Patient then moved to staging area
- HIM / HIT confirms documentation is correct and complete
- Transportation provider has a liaison in the ED or staging area
- Have someone act as the transportation officer to work with transport providers
- Notify receiving facility when patient leaves facility (tracking and accountability)
- Receiving facility should notify of patient arrival (Confirm numbers between facilities for accountability)

# Considerations

- We have an agreement with a moving company and rental trucks
- Our supply rooms have wheeled covered shelving pre labeled and color coded. The floor is also marked
- Pre identified elevators for equipment and patient evacuations
- Coolers for medications etc. at our distribution center
- Process and paperwork for pharmacist and security to evacuate medications

# Re-opening

- Facility evaluated State health dept. (AHCA) checklist
- Reopening process started the morning after clearance
- Facility opened to patients
- ED, ICU, M/B, 1 Med/Surgical Unit, OR, Cath lab opened
- The following day patients transferred back if they want (or need) to return

# Planning Checklist

- Create checklists for each position / location
  - Include list of documentation / responsibilities / procedures
- Remember to include consideration of supplies and staffing support for receiving facilities
- Have back up and tertiary facilities in other areas
- Remember resources may not be available
- Pre identified map directions can be helpful
- Make sure to do a primary and secondary search of the facility to confirm it has been evacuated of **EVERYONE** that should be gone!

# Questions?

