Minutes to Hours – The Kaiser Permanente Northern California Evacuation Toolkit

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Kaiser Permanente Northern California

California Hospital Association

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Disclosure

The presenters for this session have no disclosures to report.

This presentation does include references to the branded product we used in our Evacuation Toolkit.

The references are included in order to fully demonstrate the steps of the evacuation process using the components of the KP NCAL Evacuation Toolkit.

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Objectives

After attending this session, learners will be able to:

- List the general considerations for hospital evacuation planning and how these considerations apply to hospital / healthcare systems across California.
- Describe the three stages of evacuation--Pre-Evacuation, Evacuation, and Post-Evacuation--and the considerations for each stage.
- Adapt the components of a standardized evacuation toolkit for use in their hospital / healthcare system.

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Agenda

- Introduction & Agenda Review
- A Tale of Two Evacuations
- The New Normal
- Considerations for Hospital Evacuation Planning
- The Stages of Evacuation: Pre / Evac / Post
- KP NCAL Toolkit Review
- Evacuation Toolkit Template
- The Evacuation Toolkit: Making It Your Own

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A Tale of Two Evacuations

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KP Northern California: A Tale of Two Evacuations

Tubbs Fire – October 8, 2017 -- Kaiser Permanente Santa Rosa evacuated under direct, increasing fire threat and breakdown of safe care environment.

- **"Evacuate Now" situation**
  - 122 Patients; 3-1/2 hours: Evacuated via Ambulances, Buses, and Cars
  - KP San Rafael received 87 patients
  - Others to KP SFO, other KP, community hospitals, home

Kincade Fire – October 23, 2019 – Kaiser Permanente Santa Rosa evacuated under fire threat, evacuation warning, then mandatory evacuation order.

- **Multiple anticipatory actions taken by Hospital Command Center ahead of evacuation order**
  - Hospital census decreased by patient transfers to other KP hospitals
  - Pre-Evacuation preparation initiated:
    - Hospital census review for evacuation needs
    - Just-in-time evacuation training
    - Evacuation tag preparation
    - Unit / patient preparation including communication with staff, patients, & families

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The New Normal

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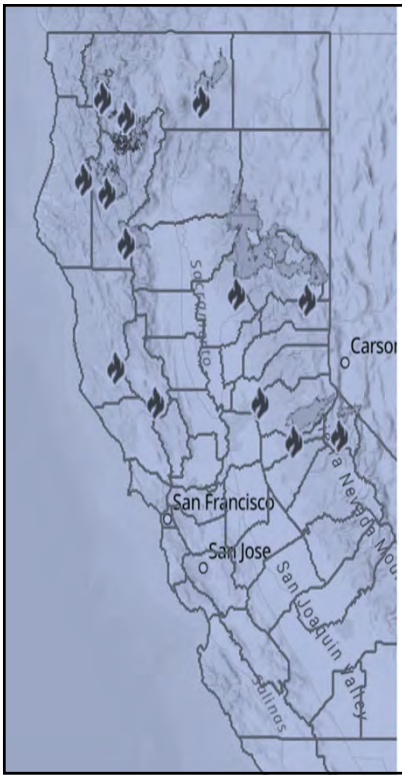

The "New Normal" in California

Tubbs Fire
KP Santa Rosa and Sutter Santa Rosa evacuated
October 2017

Carr Fire
Patients Hospital in Redding, CA evacuated
July 2018

Mendocino Complex Fire
Sutter Lakeside Hospital evacuated
July 2018

Camp Fire
Feather River Hospital in Paradise, CA evacuated
November 2018

Kincade Fire
Santa Rosa and Sutter Santa Rosa evacuated
October 2019

Lightning Complex Fires
St. Helena Hospital evacuated
KP VAL and KP SJO threatened
August 2020

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The "New Normal" in California

Glass Fire – St. Helena
St. Helena Hospital evacuated

Sept 2020

Dixie Fire – Lake Almanor
Seneca Healthcare District Hospital evacuated

Aug 2021

Caldor Fire – South Lake Tahoe
Barton Memorial Hospital evacuated

Aug 2021

McKinney Fire – Yreka, CA
Fairchild Medical Center transferred patients due to fire threat

July 2022

9

2022 to date….

Incidents Overview

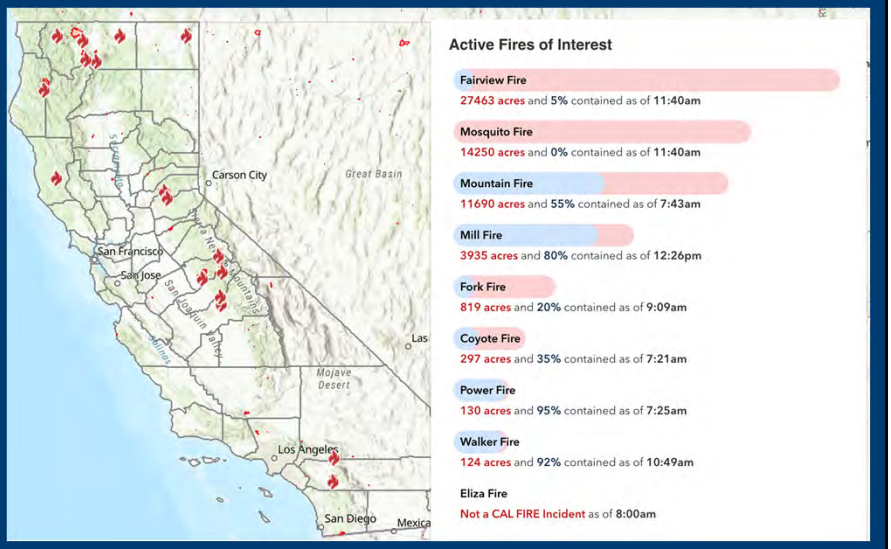
The California Department of Forestry and Fire Protection (CAL FIRE) responds to all types of emergencies. When the Department responds to a major CAL FIRE jurisdiction incident, the Department will post incident details to the web site. Major emergency incidents could include large, extended-day wildfires (10 acres or greater), floods, earthquakes, hazardous material spills, etc. This is a summary of all incidents, including those managed by CAL FIRE and other partner agencies.

272,144 Acres	6,173 Incidents	9 Fatalities	712 Structures
Acres Burned	Number of Wildfires	9 Civilian / 0 Firefighter	85 Damaged / 627 Destroyed

https://www.fire.ca.gov/incidents/

10

Active Fires as of 9-09-22



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General Considerations for Hospital Evacuation Planning

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Evacuation Coordination

The Right Place at the Right Time in the Right Way

Coordination between Hospital, Healthcare System and County is required in the Pre-Evacuation and Evacuation stages.

These are not normal operations and regular transfer procedures may not apply.

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Considerations for Hospital Evacuation Planning

- Census Management
- Specialty Patient Population Considerations:
  Labor & Delivery, Pediatrics, Pediatric Critical Care, Neonatal Critical Care, Adult Critical Care, Neurosurgery, others
- Access to Transportation Assets
- Medication Considerations
- Rapid Electronic Medical Record Patient Discharge Procedures
- Infection Prevention
- Communication / Notification County & State Entities
- EMTALA & Other Regulatory Considerations

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The Stages of Evacuation: Pre-Evacuation, Evacuation, & Post-Evacuation

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The Pre-Evacuation Stage

When evacuation is anticipated but not required or mandated.

Key Steps:

- Notify appropriate chain of command, internal and external
- Activate Hospital Command Center
- Evaluate hospital census for acuity and transfer requirements
- Transfer of patients ahead of evacuation requirement or mandate
- Review Evacuation Plan & Toolkit
- Prepare evacuation tags and checklists
- Assign Incident Commander and key Evacuation-specific roles

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The Evacuation Stage

When evacuation has been initiated and/or is in progress.

Key Steps:

- Assign Evacuation-specific and additional command center roles to provide support including:
  - Command Staff, Transportation Unit Leader, Public Information Officer, Patient Family Assistance Branch Director, Family Reunification Unit Leader, others
- Activate Evacuation Plan and use Toolkit resources to prep, stage, and evacuate patients
- Communicate status to employees on shift / off shift
- Communicate status to patients, families, and media
- Establish Infection Prevention Plan for staging and transport (event/patient-specific)

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The Post-Evacuation Stage – Immediate & Repopulation

After evacuation is complete, includes immediate and repopulation steps.

Immediate

- Secure pharmaceuticals—ensure temperature control
- Final sweep → then secure building(s)
- Track and reconcile patients sent to receiving facilities

Repopulation

- Prepare building(s) for re-entry:
  - Infection control protocols, restocking supplies, cleaning HVAC system, others
- Obtain County & State Regulatory Clearance(s)
- Repopulate medical center including return of staff and repatriation of patients

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Meeting the Needs of Patients and Employees After Evacuation

Patients

- Medications / medical equipment / medical records
- Essential care including Oncology, non-elective surgeries / procedures, others

Employees

- Impact assessment: Are they safe? Are they housed? What do they need?
- Consider financial and other support measures for those impacted
- Consider reassignment / pay practices as appropriate

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KP NCAL Evacuation Toolkit Review

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KP Northern California Evacuation Resources & Toolkit

Evacuation Plan Template
Introduction to the EVAC 123 Tracking System
Evac 123 Evacuation Kit/Tags for 200 patients
Evacuation Checklists
- Pre-Evacuation Preparation Checklist
- Evacuation-specific checklists to supplement HICS checklists

Electronic Medical Record Job Aids for KP HealthConnect:
- Evacuation Report instructions
- Leave of Absence for ED and Inpatient

Training Resources:
- Evac 123 Tabletop Kit & Drill Tags
- On Demand Evacuation Training
  - Recorded
  - Live / Real Time upon request

In-Person Regional Support Available on Request
- Additional in-person consultative support for the medical center

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Evacuation Plan Template

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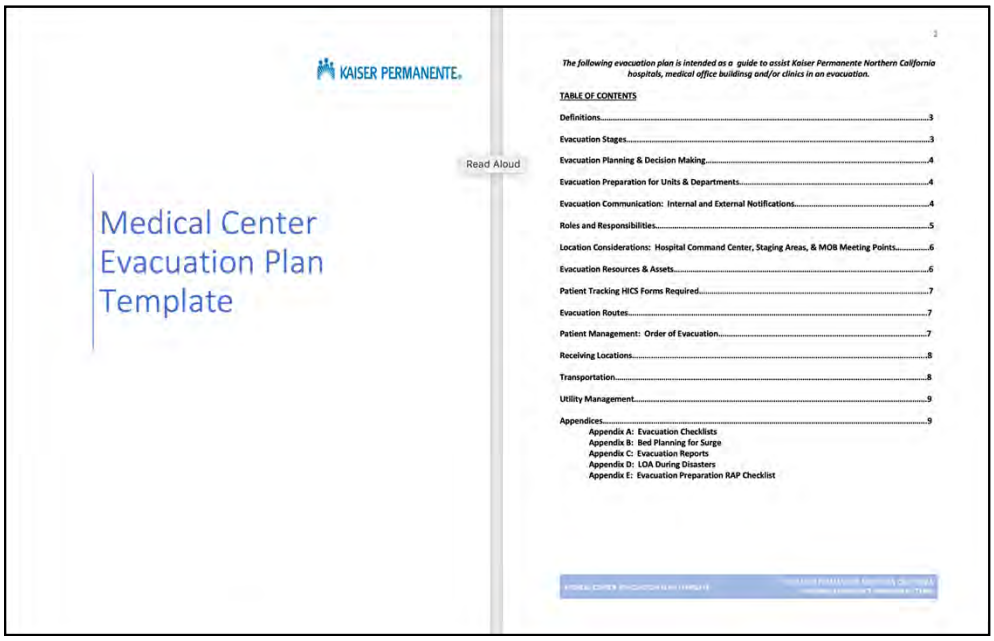

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Introduction to the Evacuation 1-2-3 Tracking System

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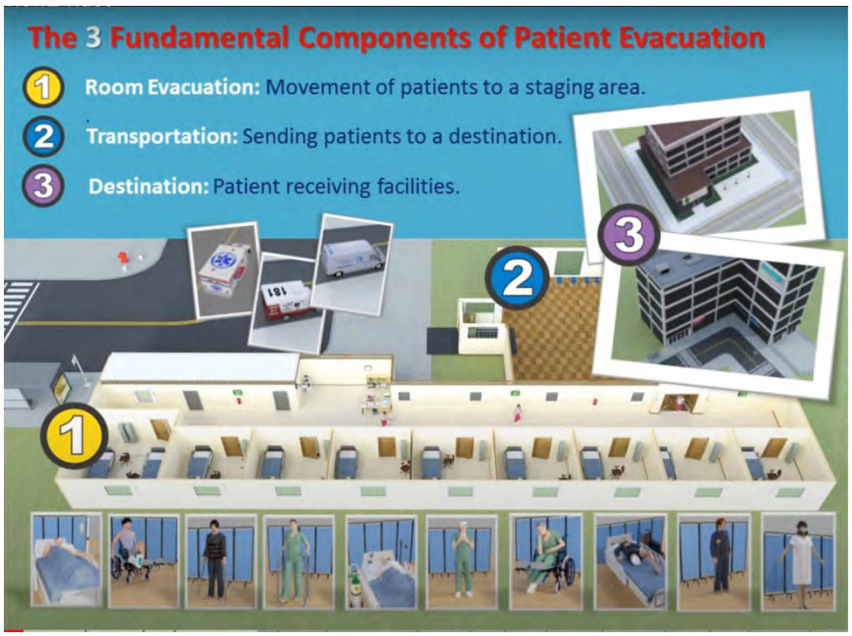
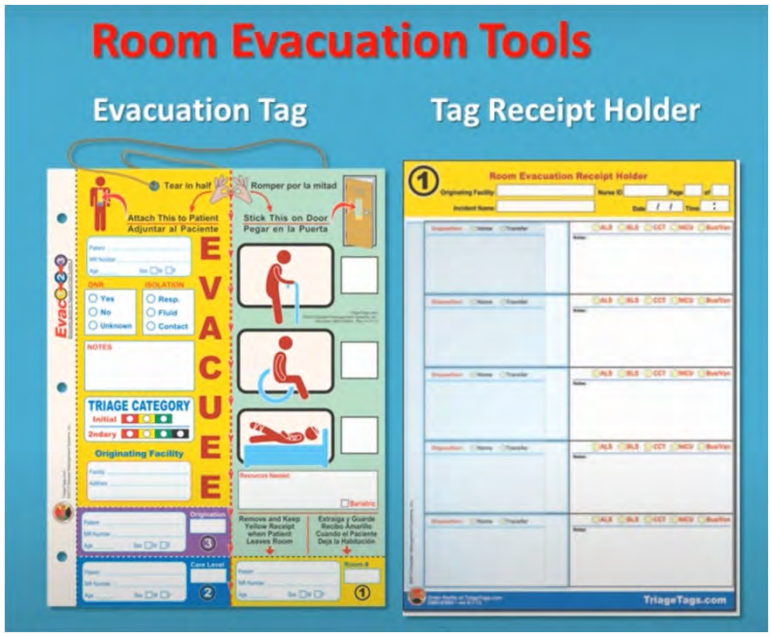

The 3 Fundamental Components of Patient Evacuation
1 Room Evacuation: Movement of patients to a staging area.
2 Transportation: Sending patients to a destination.
3 Destination: Patient receiving facilities.

25


Room Evacuation Tools
Evacuation Tag
Tag Receipt Holder
Tear in half
Romper por la mitad
Attach This to Patient
Adjuntar al Paciente
Stick This on Door
Pegar en la Puerta
EVACUEE
TRIAGE CATEGORY
Initial
2ndary
Originating Facility
Room Evacuation Receipt Holder
TriageTags.com

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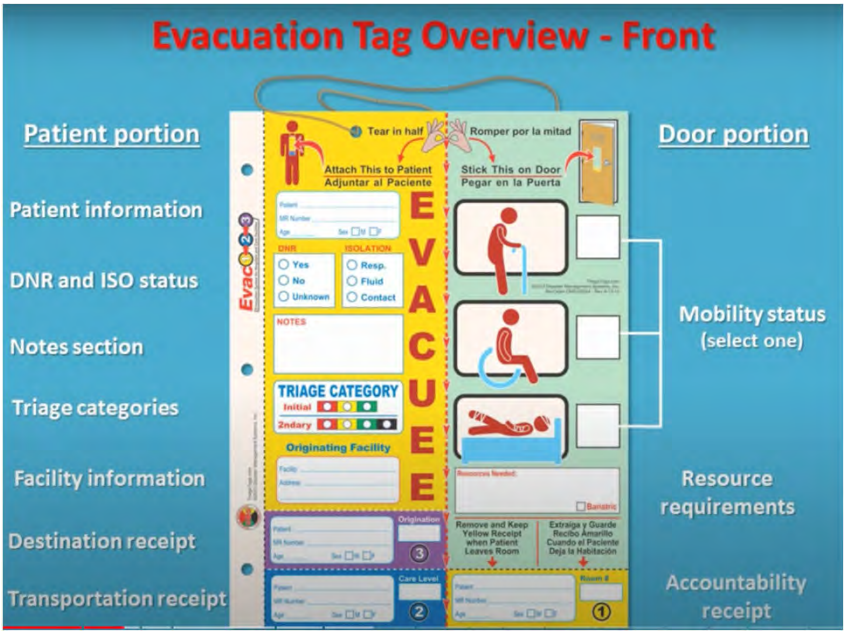
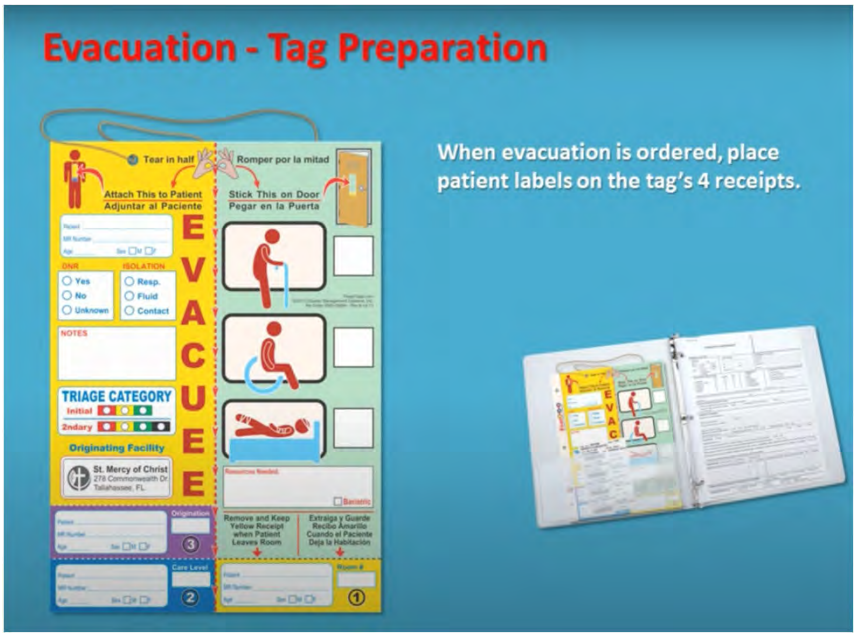

Evacuation Tag Overview - Front
Patient portion
Patient information
DNR and ISO status
Notes section
Triage categories
Facility information
Destination receipt
Transportation receipt
Door portion
Mobility status (select one)
Resource requirements
Accountability receipt
Tear in half
Romper por la mitad
Attach This to Patient
Adjuntar al Paciente
Stick This on Door
Pegar en la Puerta
EVACUEE
DNR
ISOLATION
Yes
No
Unknown
Resp.
Fluid
Contact
NOTES
TRIAGE CATEGORY
Initial
2ndary
Originating Facility
Remove and Keep Yellow Receipt when Patient Leaves Room
Extraiga y Guarde Recibo Amarillo Cuando el Paciente Deja la Habitación
Bariatric

27


Evacuation - Tag Preparation
When evacuation is ordered, place patient labels on the tag's 4 receipts.
Tear in half
Romper por la mitad
Attach This to Patient
Adjuntar al Paciente
Stick This on Door
Pegar en la Puerta
EVACUEE
DNR
ISOLATION
Yes
No
Unknown
Resp.
Fluid
Contact
NOTES
TRIAGE CATEGORY
Initial
2ndary
Originating Facility
St. Mercy of Christ
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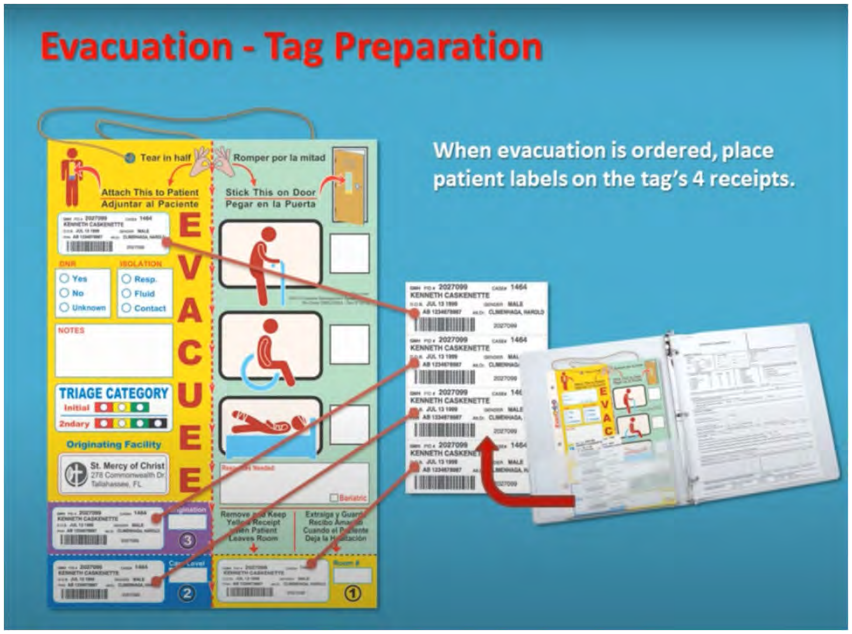
Bariatric

28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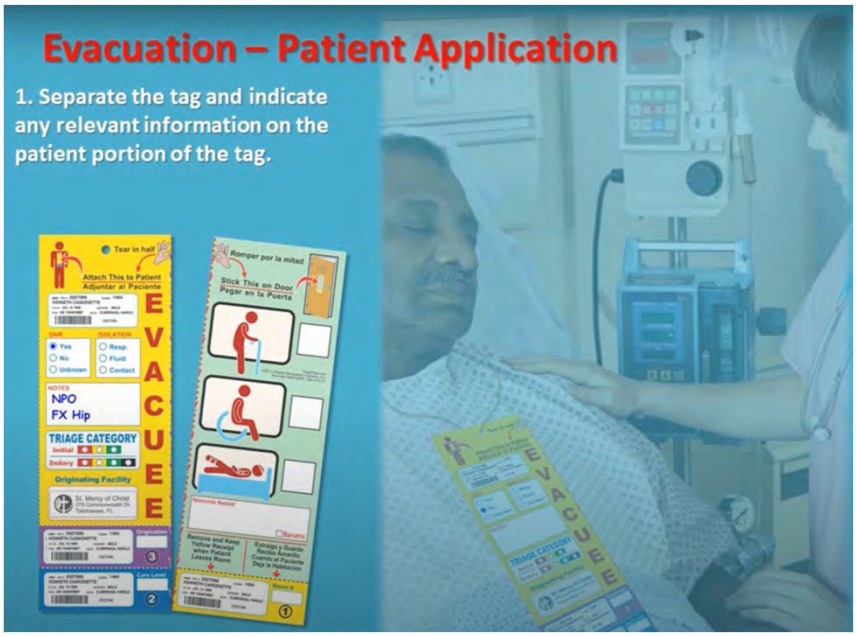
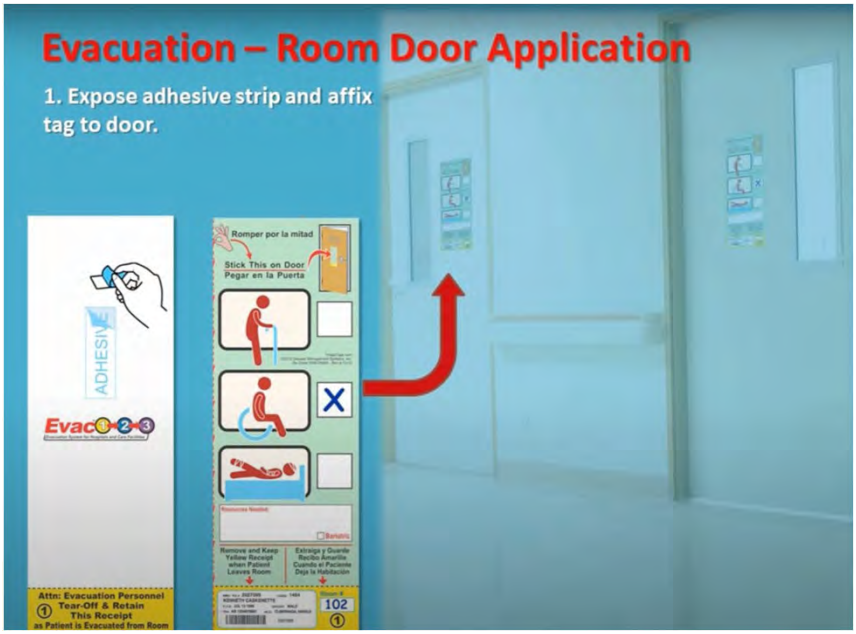
29


Evacuation – Patient Application
1. Separate the tag and indicate any relevant information on the patient portion of the tag.
Tear in half
Romper por la mitad
Attach This to Patient
Adjuntar al Paciente
Stick This on Door
Pegar en la Puerta
EVACUEE
NPO
FX Hip
TRIAGE CATEGORY
Originating Facility

30


Evacuation – Room Door Application
1. Expose adhesive strip and affix tag to door.
ADHESIVE
Evac
Romper por la mitad
Stick This on Door
Pegar en la Puerta
Remove and Keep Yellow Receipt when Patient Leaves Room
Extraiga y Guarde Recibo Amarillo Cuando el Paciente Deja la Habitación
Attn: Evacuation Personnel
1 Tear-Off & Retain This Receipt as Patient is Evacuated from Room
102

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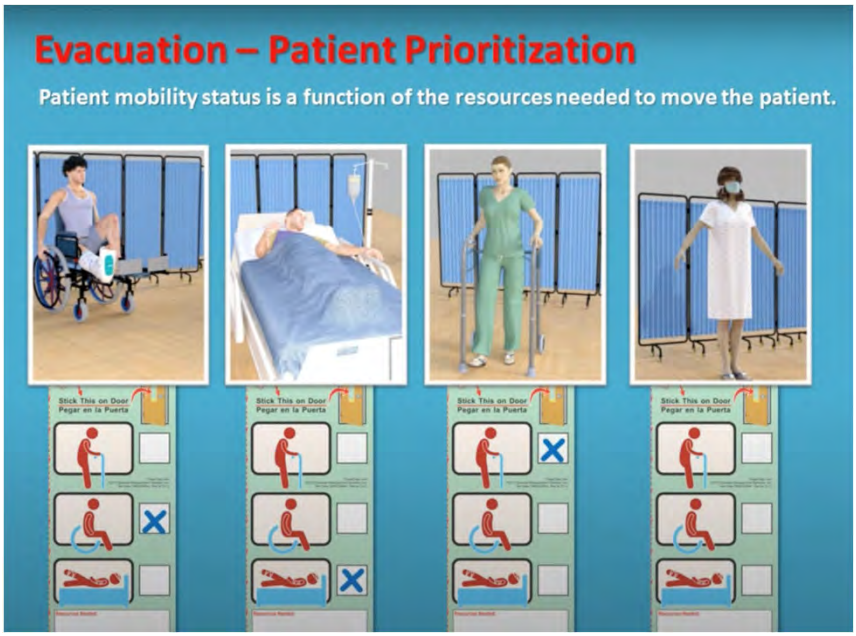
Evacuation – Patient Prioritization
Patient mobility status is a function of the resources needed to move the patient.
Stick This on Door
Pegar en la Puerta

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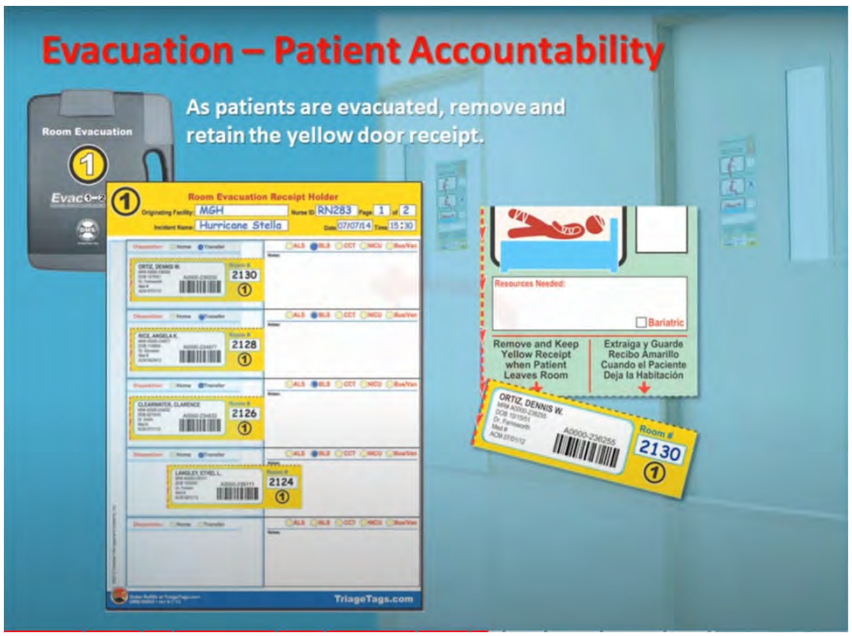
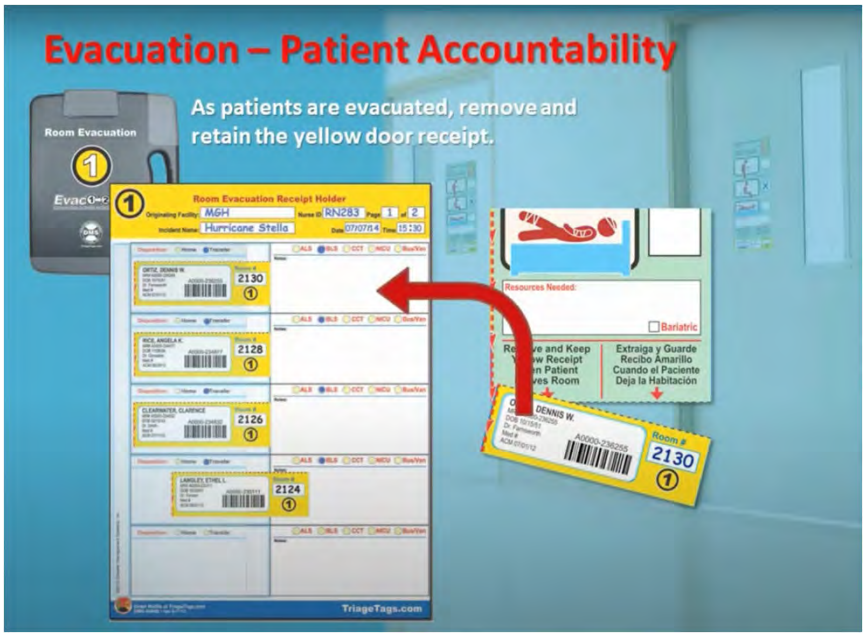

Evacuation – Patient Accountability
As patients are evacuated, remove and retain the yellow door receipt.
Room Evacuation
Room Evacuation Receipt Holder
MGH
RN283
Hurricane Stella
2130
2128
2126
2124
TriageTags.com
Resources Needed:
Bariatric
Remove and Keep Yellow Receipt when Patient Leaves Room
Extraiga y Guarde Recibo Amarillo Cuando el Paciente Deja la Habitación
ORTIZ, DENNIS W.
Room #
2130

33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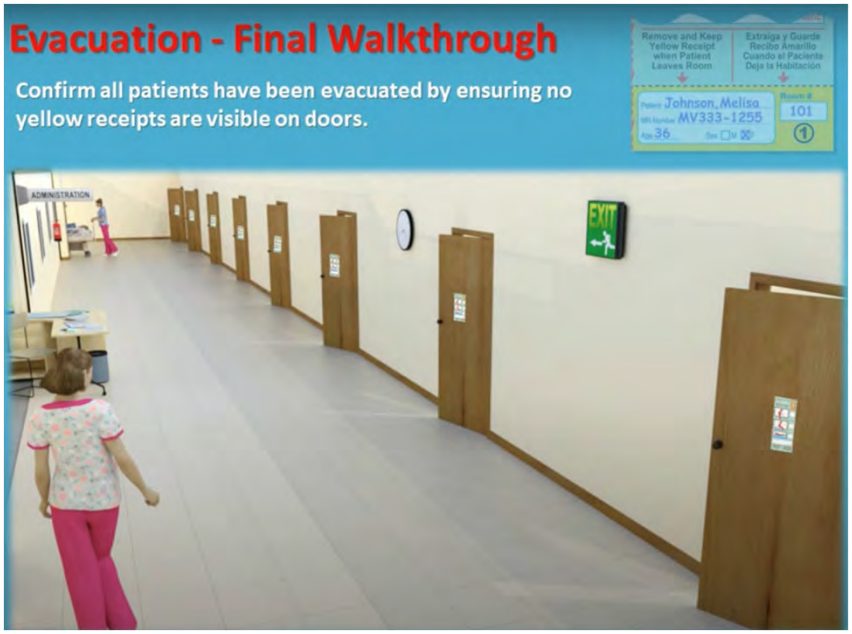

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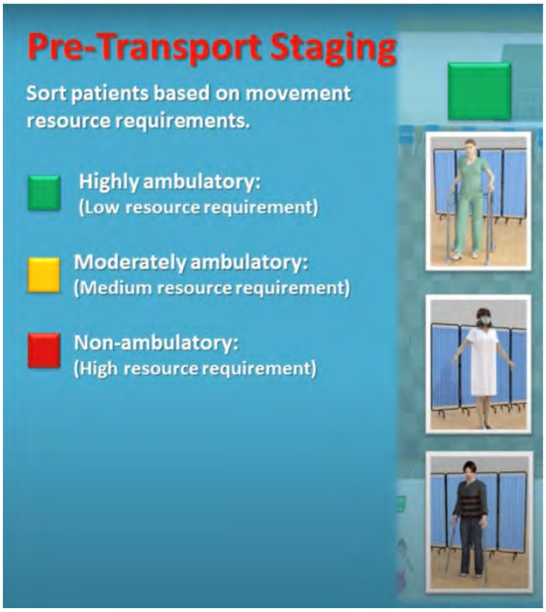

Additional Staging Considerations

Group by acuity / level of care

ICU / PICU / NICU
Med Surg Adult
Med Surg Pediatric
Labor & Delivery

Additional labeling

Transport method
- Bus /Car /Van
- Ambulance
- Critical Care Transport

Transport destination

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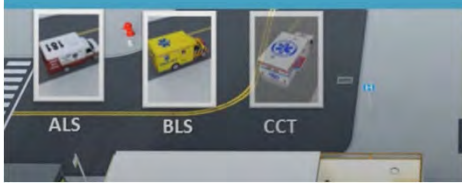
Transportation – Destination Assignment

Utilize the best practical assignment of patients to transport vehicles, destination facility capability and bed availability.

Level II Trauma Center – 5 beds

Acute Care Clinic – 4 beds



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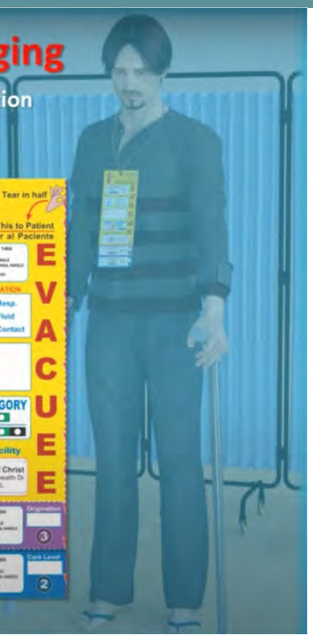
Transportation – Patient logging

As patients load, remove the tag's blue transportation receipt and place in the transportation log.



38

Transportation – Patient logging
As patients load, remove the tag's blue transportation receipt and place in the transportation log.
Transportation
HICS 255 Master Patient Evacuation Tracking & Transportation Receipt Holder
Originating Facility: MGH
Incident Name: Hurricane Stella
Patient Tracking Manager: J. Hunter
07/07/14
15:30
TriageTags.com
Tear in half
Attach This to Patient
Adjuntar al Paciente
EVACUEE
DNR
Yes
No
Unknown
ISOLATION
Resp.
Fluid
Contact
NOTES
TRIAGE CATEGORY
Initial
2ndary
Originating Facility
St. Mercy of Christ

39

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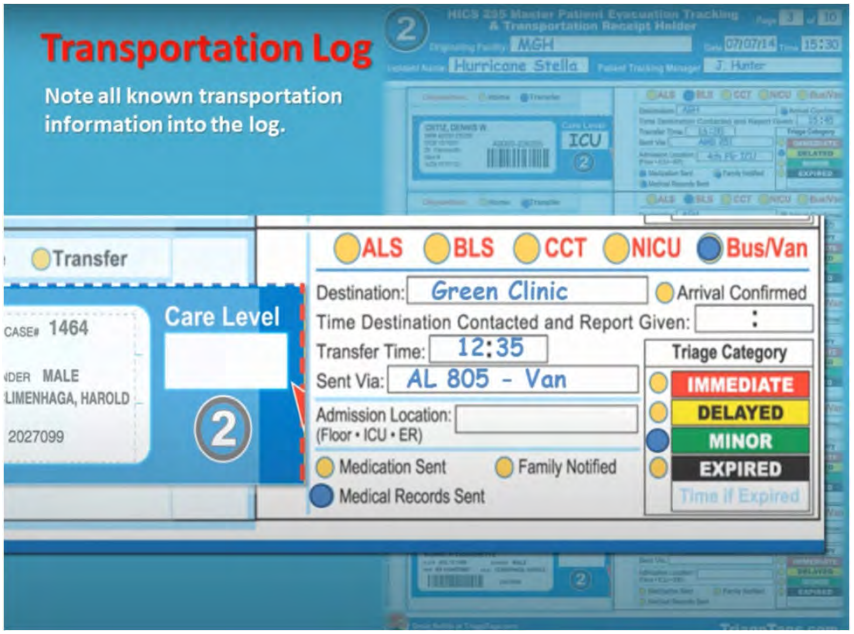
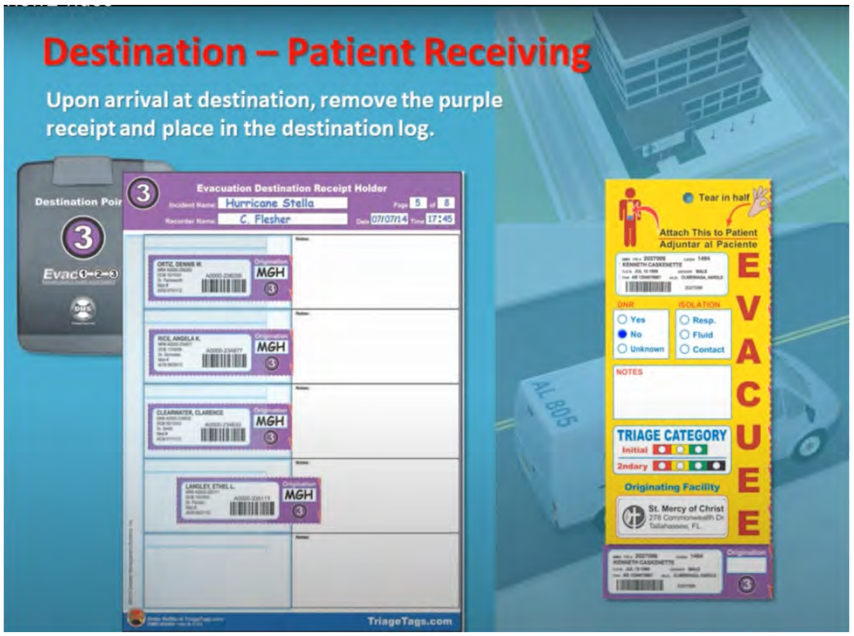
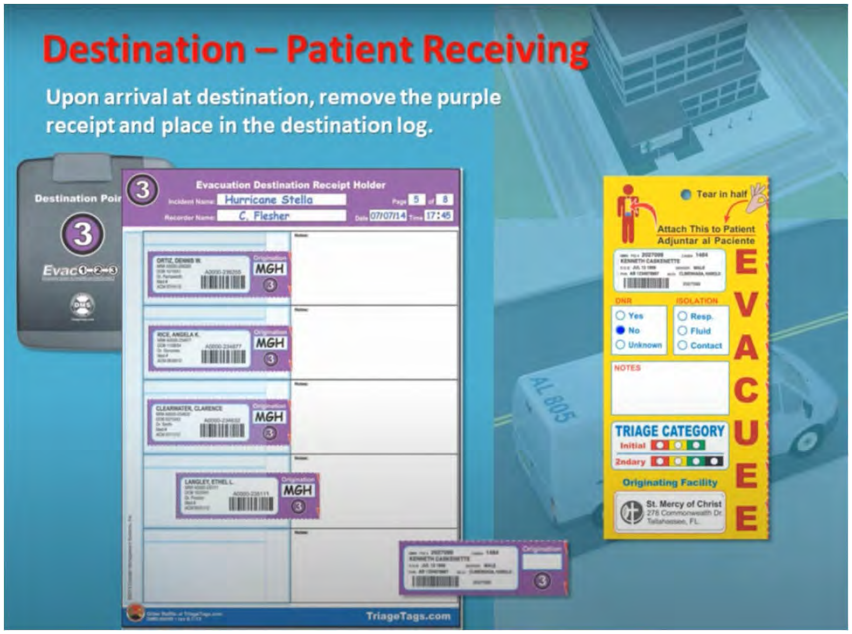
40


Transportation Log
Note all known transportation information into the log.
Transfer
Care Level
2
ALS
BLS
CCT
NICU
Bus/Van
Destination: Green Clinic
Arrival Confirmed
Time Destination Contacted and Report Given:
Transfer Time: 12:35
Sent Via: AL 805 - Van
Admission Location:
(Floor • ICU • ER)
Medication Sent
Family Notified
Medical Records Sent
Triage Category
IMMEDIATE
DELAYED
MINOR
EXPIRED
Time if Expired

41


Destination – Patient Receiving
Upon arrival at destination, remove the purple receipt and place in the destination log.
Evacuation Destination Receipt Holder
Hurricane Stella
C. Flesher
TriageTags.com
Tear in half
Attach This to Patient
Adjuntar al Paciente
EVACUEE
TRIAGE CATEGORY
Originating Facility
St. Mercy of Christ

42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276 Commonwealth Dr.
Tallahassee, FL.
EVACUEE

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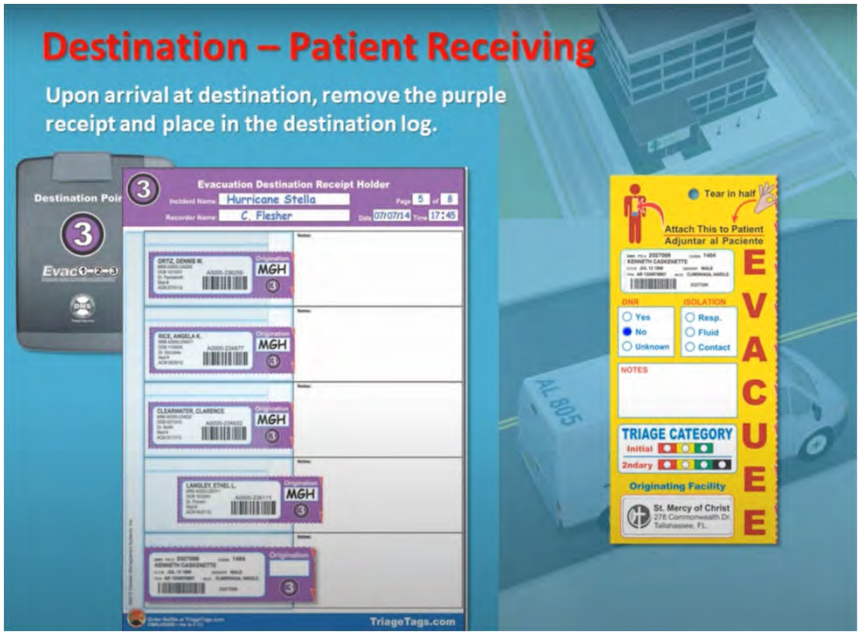
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EVACUEE

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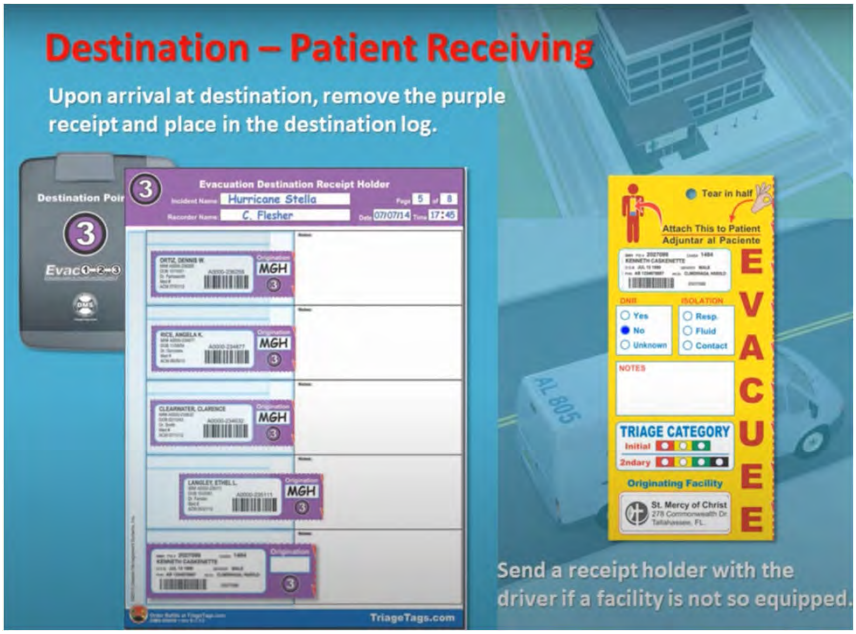
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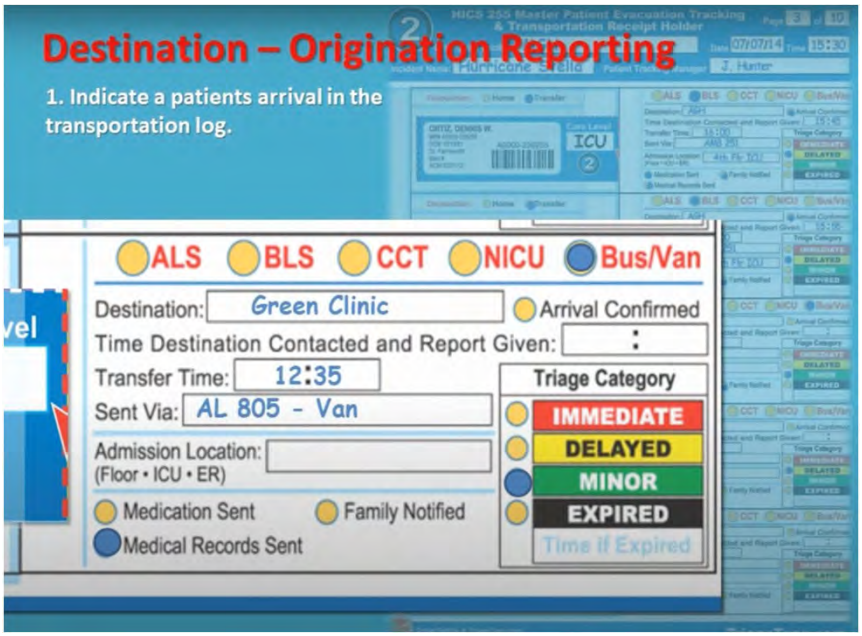
TRIAGE CATEGORY
Originating Facility
St. Mercy of Christ
Send a receipt holder with the driver if a facility is not so equipped.

45


Destination – Origination Reporting
1. Indicate a patients arrival in the transportation log.
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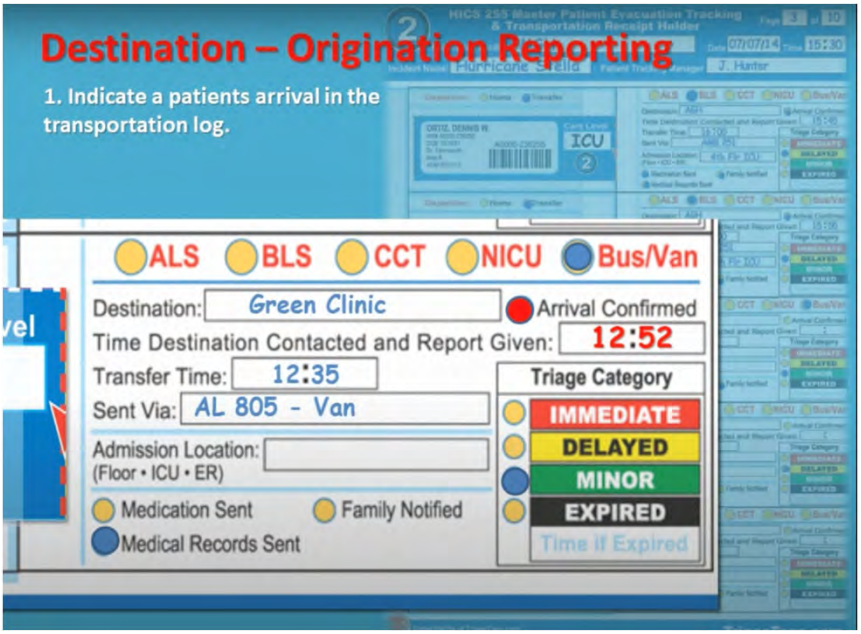
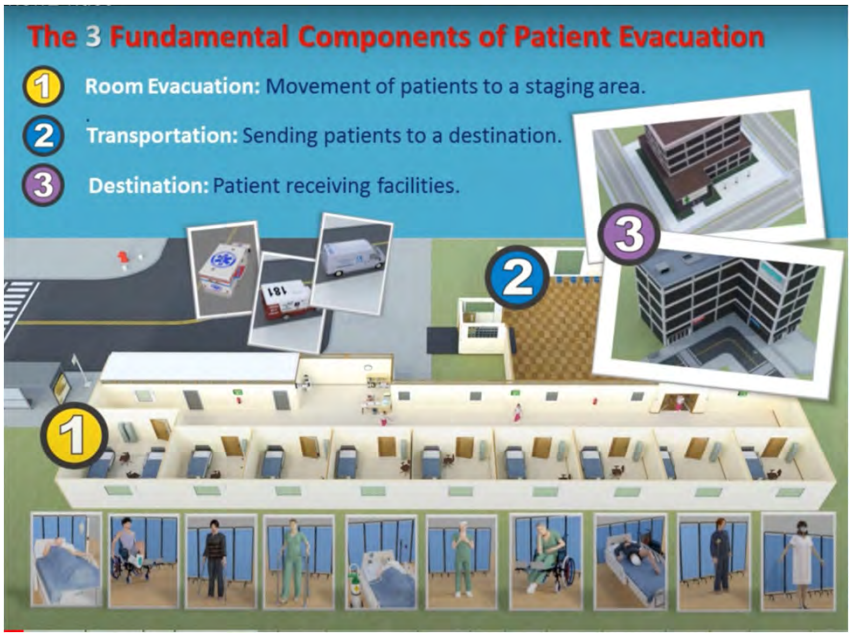
BLS
CCT
NICU
Bus/Van
Destination: Green Clinic
Arrival Confirmed
Time Destination Contacted and Report Given:
Transfer Time: 12:35
Sent Via: AL 805 - Van
Admission Location:
(Floor • ICU • ER)
Medication Sent
Family Notified
Medical Records Sent
Triage Category
IMMEDIATE
DELAYED
MINOR
EXPIRED
Time if Expired

46


Destination – Origination Reporting
1. Indicate a patients arrival in the transportation log.
ALS
BLS
CCT
NICU
Bus/Van
Destination: Green Clinic
Arrival Confirmed
Time Destination Contacted and Report Given: 12:52
Transfer Time: 12:35
Sent Via: AL 805 - Van
Admission Location: (Floor • ICU • ER)
Medication Sent
Family Notified
Medical Records Sent
Triage Category
IMMEDIATE
DELAYED
MINOR
EXPIRED
Time if Expired

47


The 3 Fundamental Components of Patient Evacuation
1 Room Evacuation: Movement of patients to a staging area.
2 Transportation: Sending patients to a destination.
3 Destination: Patient receiving facilities.

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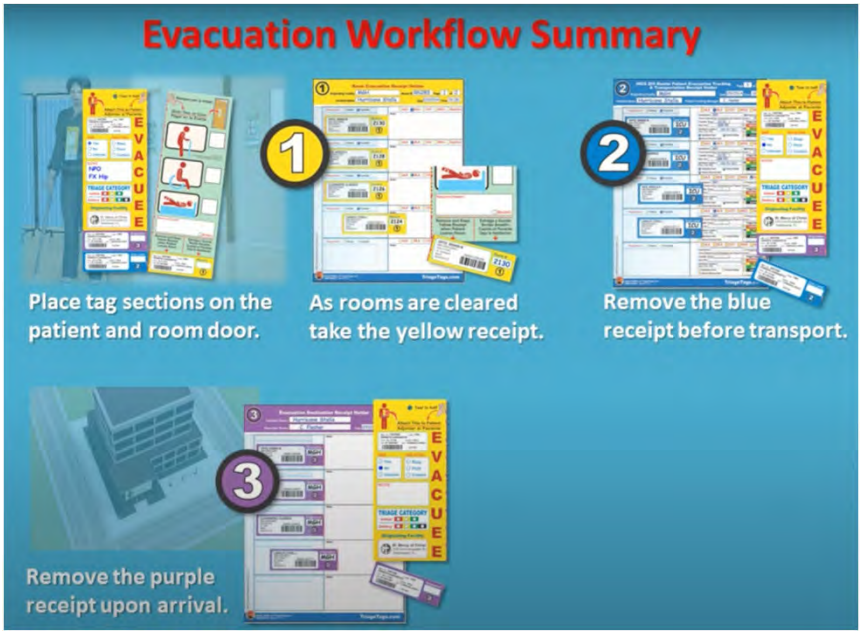

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Evacuation Tags

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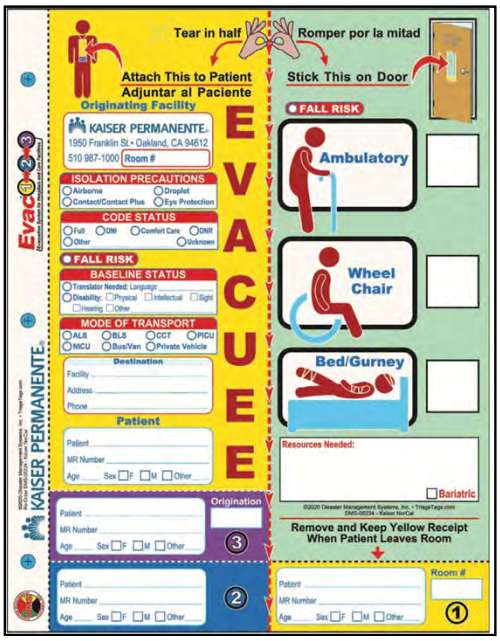

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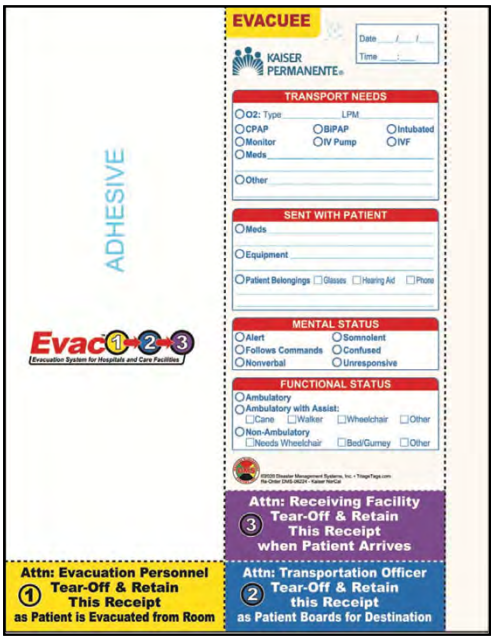

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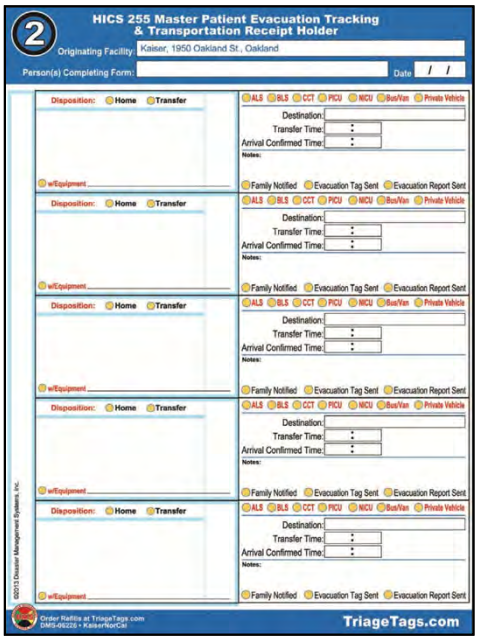

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Evacuation Checklists

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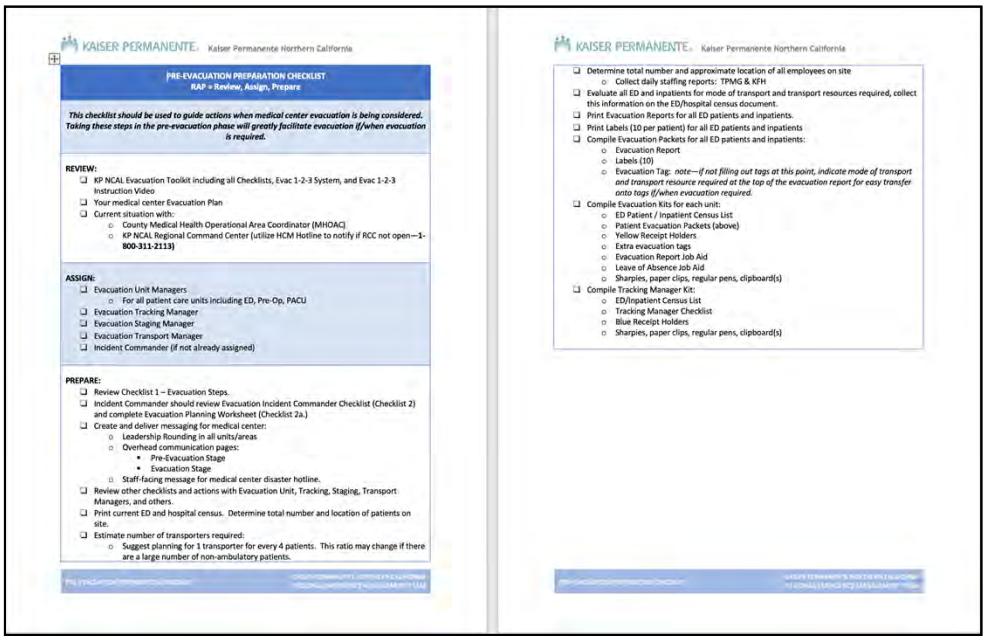

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PRE-EVACUATION PREPARATION CHECKLIST
RAP = Review, Assign, Prepare

This checklist should be used to guide actions when medical center evacuation is being considered. Taking these steps in the pre-evacuation phase will greatly facilitate evacuation if/when evacuation is required.

REVIEW:
- ❑ KP NCAL Evacuation Toolkit including all Checklists, Evac 1-2-3 System, and Evac 1-2-3 Instruction Video
- ❑ Your medical center Evacuation Plan
- ❑ Current situation with:
  - County Medical Health Operational Area Coordinator (MHOAC)
  - KP NCAL Regional Command Center (utilize HCM Hotline to notify if RCC not open—**1-800-311-2113**)

ASSIGN:
- ❑ Evacuation Unit Managers
  - For all patient care units including ED, Pre-Op, PACU
- ❑ Evacuation Tracking Manager
- ❑ Evacuation Staging Manager
- ❑ Evacuation Transport Manager
- ❑ Incident Commander (if not already assigned)

PREPARE:
- ❑ Review Checklist 1 – Evacuation Steps.
- ❑ Incident Commander should review Evacuation Incident Commander Checklist (Checklist 2) and complete Evacuation Planning Worksheet (Checklist 2a.)
- ❑ Create and deliver messaging for medical center:
  - Leadership Rounding in all units/areas
  - Overhead communication pages:
    - Pre-Evacuation Stage
    - Evacuation Stage
  - Staff-facing message for medical center disaster hotline.
- ❑ Review other checklists and actions with Evacuation Unit, Tracking, Staging, Transport Managers, and others.
- ❑ Print current ED and hospital census. Determine total number and location of patients on site.
- ❑ Estimate number of transporters required:
  - Suggest planning for 1 transporter for every 4 patients. This ratio may change if there are a large number of non-ambulatory patients.

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- ❑ Determine total number and approximate location of all employees on site
  - Collect daily staffing reports: TPMG & KFH
- ❑ Evaluate all ED and inpatients for mode of transport and transport resources required, collect this information on the ED/hospital census document.
- ❑ Print Evacuation Reports for all ED patients and inpatients.
- ❑ Print Labels (10 per patient) for all ED patients and inpatients
- ❑ Compile Evacuation Packets for all ED patients and inpatients:
  - Evacuation Report
  - Labels (10)
  - Evacuation Tag: *note—if not filling out tags at this point, indicate mode of transport and transport resource required at the top of the evacuation report for easy transfer onto tags if/when evacuation required.*
- ❑ Compile Evacuation Kits for each unit:
  - ED Patient / Inpatient Census List
  - Patient Evacuation Packets (above)
  - Yellow Receipt Holders
  - Extra evacuation tags
  - Evacuation Report Job Aid
  - Leave of Absence Job Aid
  - Sharpies, paper clips, regular pens, clipboard(s)
- ❑ Compile Tracking Manager Kit:
  - ED/Inpatient Census List
  - Tracking Manager Checklist
  - Blue Receipt Holders
  - Sharpies, paper clips, regular pens, clipboard(s)

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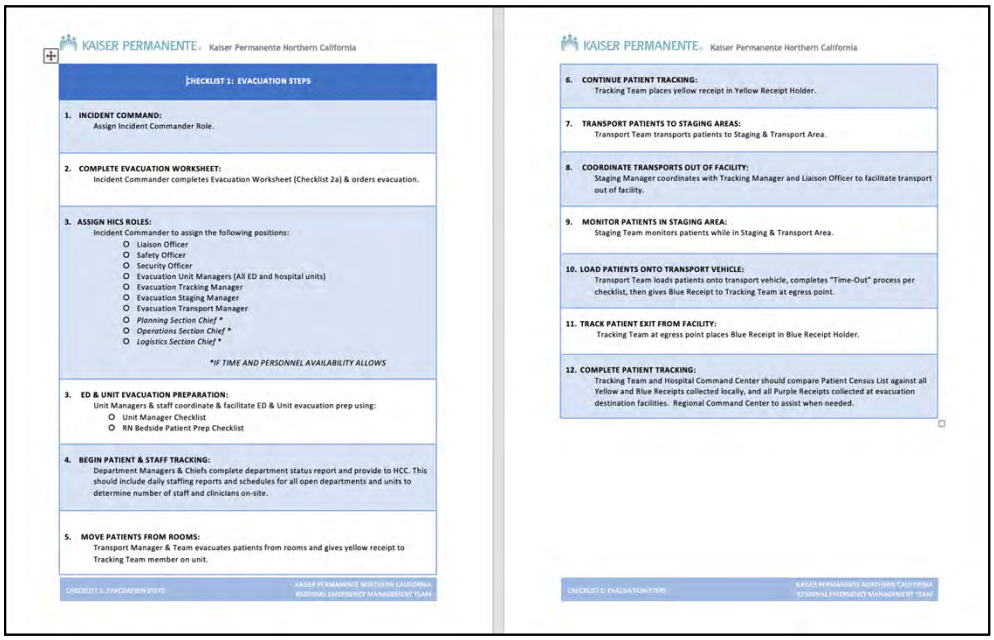

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CHECKLIST 1: EVACUATION STEPS

1. **INCIDENT COMMAND:**
   Assign Incident Commander Role.
2. **COMPLETE EVACUATION WORKSHEET:**
   Incident Commander completes Evacuation Worksheet (Checklist 2a) & orders evacuation.
3. **ASSIGN HICS ROLES:**
   Incident Commander to assign the following positions:
   - Liaison Officer
   - Safety Officer
   - Security Officer
   - Evacuation Unit Managers (All ED and hospital units)
   - Evacuation Tracking Manager
   - Evacuation Staging Manager
   - Evacuation Transport Manager
   - *Planning Section Chief **
   - *Operations Section Chief **
   - *Logistics Section Chief **

   **IF TIME AND PERSONNEL AVAILABILITY ALLOWS*
3. **ED & UNIT EVACUATION PREPARATION:**
   Unit Managers & staff coordinate & facilitate ED & Unit evacuation prep using:
   - Unit Manager Checklist
   - RN Bedside Patient Prep Checklist
4. **BEGIN PATIENT & STAFF TRACKING:**
   Department Managers & Chiefs complete department status report and provide to HCC. This should include daily staffing reports and schedules for all open departments and units to determine number of staff and clinicians on-site.
5. **MOVE PATIENTS FROM ROOMS:**
   Transport Manager & Team evacuates patients from rooms and gives yellow receipt to Tracking Team member on unit.

CHECKLIST 1: EVACUATION STEPS — KAISER PERMANENTE NORTHERN CALIFORNIA REGIONAL EMERGENCY MANAGEMENT TEAM

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6. **CONTINUE PATIENT TRACKING:**
   Tracking Team places yellow receipt in Yellow Receipt Holder.
7. **TRANSPORT PATIENTS TO STAGING AREAS:**
   Transport Team transports patients to Staging & Transport Area.
8. **COORDINATE TRANSPORTS OUT OF FACILITY:**
   Staging Manager coordinates with Tracking Manager and Liaison Officer to facilitate transport out of facility.
9. **MONITOR PATIENTS IN STAGING AREA:**
   Staging Team monitors patients while in Staging & Transport Area.
10. **LOAD PATIENTS ONTO TRANSPORT VEHICLE:**
    Transport Team loads patients onto transport vehicle, completes "Time-Out" process per checklist, then gives Blue Receipt to Tracking Team at egress point.
11. **TRACK PATIENT EXIT FROM FACILITY:**
    Tracking Team at egress point places Blue Receipt in Blue Receipt Holder.
12. **COMPLETE PATIENT TRACKING:**
    Tracking Team and Hospital Command Center should compare Patient Census List against all Yellow and Blue Receipts collected locally, and all Purple Receipts collected at evacuation destination facilities. Regional Command Center to assist when needed.

CHECKLIST 1: EVACUATION STEPS — KAISER PERMANENTE NORTHERN CALIFORNIA REGIONAL EMERGENCY MANAGEMENT TEAM

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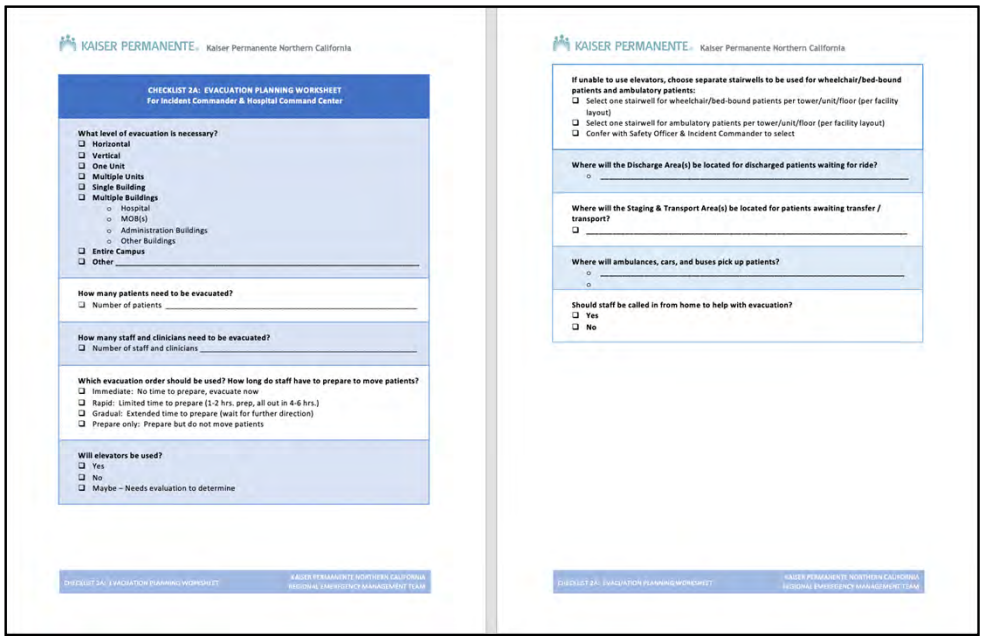

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CHECKLIST 2A: EVACUATION PLANNING WORKSHEET
For Incident Commander & Hospital Command Center

What level of evacuation is necessary?
- ❑ **Horizontal**
- ❑ **Vertical**
- ❑ **One Unit**
- ❑ **Multiple Units**
- ❑ **Single Building**
- ❑ **Multiple Buildings**
  - o Hospital
  - o MOB(s)
  - o Administration Buildings
  - o Other Buildings
- ❑ **Entire Campus**
- ❑ **Other** _____

How many patients need to be evacuated?
- ❑ Number of patients _____

How many staff and clinicians need to be evacuated?
- ❑ Number of staff and clinicians _____

Which evacuation order should be used? How long do staff have to prepare to move patients?
- ❑ Immediate: No time to prepare, evacuate now
- ❑ Rapid: Limited time to prepare (1-2 hrs. prep, all out in 4-6 hrs.)
- ❑ Gradual: Extended time to prepare (wait for further direction)
- ❑ Prepare only: Prepare but do not move patients

Will elevators be used?
- ❑ Yes
- ❑ No
- ❑ Maybe – Needs evaluation to determine

CHECKLIST 2A: EVACUATION PLANNING WORKSHEET — KAISER PERMANENTE NORTHERN CALIFORNIA REGIONAL EMERGENCY MANAGEMENT TEAM

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If unable to use elevators, choose separate stairwells to be used for wheelchair/bed-bound patients and ambulatory patients:
- ❑ Select one stairwell for wheelchair/bed-bound patients per tower/unit/floor (per facility layout)
- ❑ Select one stairwell for ambulatory patients per tower/unit/floor (per facility layout)
- ❑ Confer with Safety Officer & Incident Commander to select

Where will the Discharge Area(s) be located for discharged patients waiting for ride?
- o _____

Where will the Staging & Transport Area(s) be located for patients awaiting transfer / transport?
- ❑ _____

Where will ambulances, cars, and buses pick up patients?
- o _____
- o

Should staff be called in from home to help with evacuation?
- ❑ **Yes**
- ❑ **No**

CHECKLIST 2A: EVACUATION PLANNING WORKSHEET — KAISER PERMANENTE NORTHERN CALIFORNIA REGIONAL EMERGENCY MANAGEMENT TEAM

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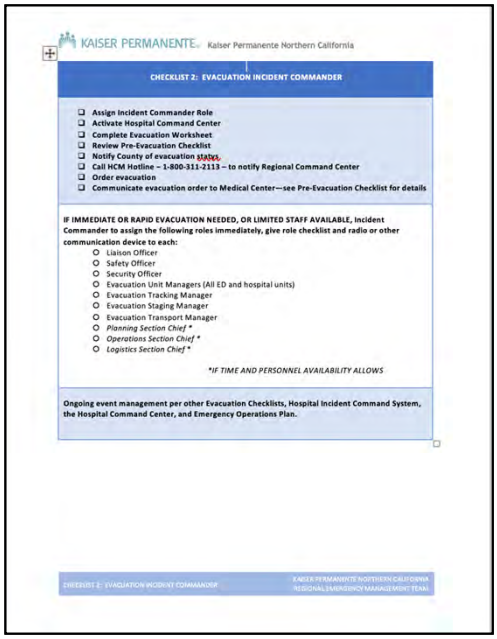

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CHECKLIST 2: EVACUATION INCIDENT COMMANDER

- ❑ **Assign Incident Commander Role**
- ❑ **Activate Hospital Command Center**
- ❑ **Complete Evacuation Worksheet**
- ❑ **Review Pre-Evacuation Checklist**
- ❑ **Notify County of evacuation status**
- ❑ **Call HCM Hotline – 1-800-311-2113 – to notify Regional Command Center**
- ❑ **Order evacuation**
- ❑ **Communicate evacuation order to Medical Center—see Pre-Evacuation Checklist for details**

IF IMMEDIATE OR RAPID EVACUATION NEEDED, OR LIMITED STAFF AVAILABLE, Incident Commander to assign the following roles immediately, give role checklist and radio or other communication device to each:
- O Liaison Officer
- O Safety Officer
- O Security Officer
- O Evacuation Unit Managers (All ED and hospital units)
- O Evacuation Tracking Manager
- O Evacuation Staging Manager
- O Evacuation Transport Manager
- O *Planning Section Chief **
- O *Operations Section Chief **
- O *Logistics Section Chief **

**IF TIME AND PERSONNEL AVAILABILITY ALLOWS*

Ongoing event management per other Evacuation Checklists, Hospital Incident Command System, the Hospital Command Center, and Emergency Operations Plan.

CHECKLIST 2: EVACUATION INCIDENT COMMANDER — KAISER PERMANENTE NORTHERN CALIFORNIA REGIONAL EMERGENCY MANAGEMENT TEAM

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CHECKLIST 3: EVACUATION TRACKING MANAGER
Suggest Senior Manager/Lead/ANM/House Supervisor

- ❑ **Print current hospital and ED census list.**
- ❑ **Assign Tracking Team members to all patient egress points**
  - Emergency Department
  - All Units / Areas including Inpatient Units
  - Staging Areas
- ❑ **Tracking Team membership: suggest Registration, Admitting, other staff**
- ❑ **Assign additional Tracking Team members to track patient's "virtual location" if being transferred during evacuation**
  - Electronically discharge patient or use KP HealthConnect "Leave of Absence" process if needed.
- ❑ **Tracking Team membership for this role: suggest ANM, Charge RNs**
- ❑ **Assign Tracking Team members to Discharge Area**
  - Instruct to track departure of discharged patients by collecting patient wristbands and Evacuation Tag including yellow receipt (if used.)
- ❑ **Instruct Tracking Team members at egress points to track patients as follow:**
  - ED and Unit egress points:
    - Collect patient's Yellow Receipt as patient leaves unit
    - Place Yellow Receipt into Yellow Receipt Holder
  - Staging Area(s) egress points:
    - Collect patient's Blue Receipt and extra copy of Evacuation Report as patient leaves facility
    - Confirm mode of transport and write on Blue Receipt
    - Place Blue Receipt into Blue Receipt Holder
- ❑ **Report to Incident Commander when tracking complete and all patients accounted for.**

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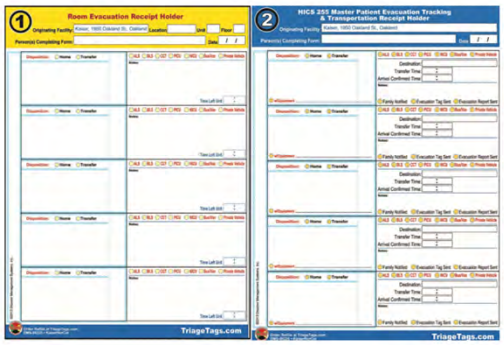

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CHECKLIST 4: EVACUATION UNIT MANAGER
Suggest Nurse Manager, Assistant Nurse Manager or Charge Nurse

- ❑ **Assign tasks:**
  - ❑ Print patient labels:
    - ❑ 10 patient labels per patient
  - ❑ Print Evacuation Reports:
    - ❑ 2 copies per patient
  - ❑ Place labels on Evacuation Tags, give to bedside RNs
  - ❑ Print 2 copies of Discharge Instructions for any patients being discharged
- ❑ **Distribute RN Bedside Evacuation Prep checklists to bedside RNs and activate Evacuation Prep process.**
- ❑ **Establish staging area for bedbound patients near elevator or stairwell being used for evacuation.**
- ❑ **Coordinate with Staging & Transport Team to begin evacuation of patients from rooms.**
- ❑ **Coordinate with Tracking Team to ensure Tracking Procedure in place at all egress points from the unit.**
- ❑ **Work with Security, Safety, and Tracking Team member on unit to confirm all patients evacuated:**
  - ❑ Compare yellow receipts in Yellow Receipt Holder to green receipts on door
  - ❑ Check all rooms and all areas to ensure patients and staff are all evacuated
- ❑ **Notify Incident Commander when your area has been completely evacuated.**

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CHECKLIST 5: RN BEDSIDE EVACUATION PREPARATION

- ❑ Fill out evacuation tag.
- ❑ Determine recommended mode of transport on front of evacuation tag.
- ❑ Determine what resources required for transport, list on evacuation tag, and place resources in labeled bag with patient.
- ❑ Determine what personal items are essential for patient to take, and place in labeled bag with patient.
- ❑ Split tag and stick right side of patient tag (green side of tag) to door.
- ❑ Place left side of patient tag on patient (yellow side of tag).

CHECKLIST 5:RN BEDSIDE EVACUATION PREPARATION — KAISER PERMANENTE NORTHERN CALIFORNIA REGIONAL EMERGENCY MANAGEMENT TEAM

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CHECKLIST 6: EVACUATION STAGING MANAGER
Suggest RN or Physician with clinical and management expertise Including Nurse Manager, ANM, Charge RN, Emergency Physicians

- ❑ Assign Staging Team members to all Staging Areas.
- ❑ Designate staging area collection points based on transport mode:
  - ❑ Bus / Van / Car
  - ❑ BLS
  - ❑ ALS
  - ❑ Critical Care
  - ❑ PICU
  - ❑ NICU
  - ❑ Discharge Area
- ❑ Instruct Staging Team members to confirm patients in appropriate staging area once arrived.
- ❑ Instruct Transport Team members to assign a staff member to every patient.
  - ❑ Utilize staff from labor pool if open or reassign staff as their units/areas are evacuated
  - ❑ Staff member may be clinical or non-clinical
  - ❑ Staff member to direct observe, assist, and move patient
- ❑ Work with Tracking Manager and Liaison Officer to coordinate ambulance transfers.
- ❑ Work with HCC and Incident Commander to ensure appropriate resources for care during transport is provided.
  - ❑ Coordinate resources for ambulance transports.
  - ❑ Coordinate resources and staff required for Bus, Van, or Car transports.

CHECKLIST 6: EVACUATION STAGING MANAGER — KAISER PERMANENTE NORTHERN CALIFORNIA REGIONAL EMERGENCY MANAGEMENT TEAM

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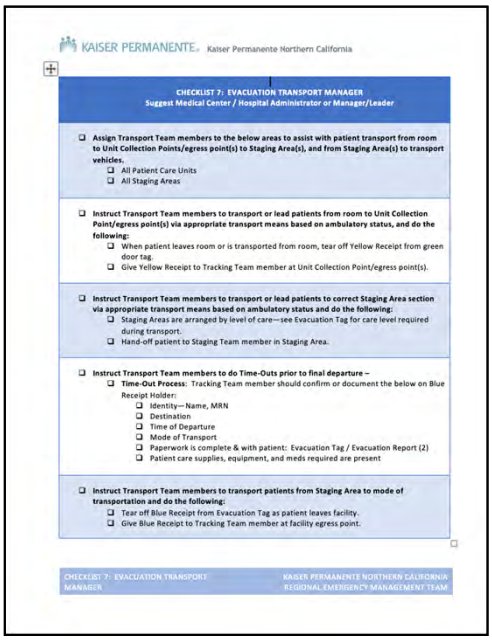

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CHECKLIST 7: EVACUATION TRANSPORT MANAGER
Suggest Medical Center / Hospital Administrator or Manager/Leader

- ❑ **Assign Transport Team members to the below areas to assist with patient transport from room to Unit Collection Points/egress point(s) to Staging Area(s), and from Staging Area(s) to transport vehicles.**
  - ❑ All Patient Care Units
  - ❑ All Staging Areas
- ❑ **Instruct Transport Team members to transport or lead patients from room to Unit Collection Point/egress point(s) via appropriate transport means based on ambulatory status, and do the following:**
  - ❑ When patient leaves room or is transported from room, tear off Yellow Receipt from green door tag.
  - ❑ Give Yellow Receipt to Tracking Team member at Unit Collection Point/egress point(s).
- ❑ **Instruct Transport Team members to transport or lead patients to correct Staging Area section via appropriate transport means based on ambulatory status and do the following:**
  - ❑ Staging Areas are arranged by level of care—see Evacuation Tag for care level required during transport.
  - ❑ Hand-off patient to Staging Team member in Staging Area.
- ❑ **Instruct Transport Team members to do Time-Outs prior to final departure –**
  - ❑ **Time-Out Process:** Tracking Team member should confirm or document the below on Blue Receipt Holder:
    - ❑ Identity— Name, MRN
    - ❑ Destination
    - ❑ Time of Departure
    - ❑ Mode of Transport
    - ❑ Paperwork is complete & with patient: Evacuation Tag / Evacuation Report (2)
    - ❑ Patient care supplies, equipment, and meds required are present
- ❑ **Instruct Transport Team members to transport patients from Staging Area to mode of transportation and do the following:**
  - ❑ Tear off Blue Receipt from Evacuation Tag as patient leaves facility.
  - ❑ Give Blue Receipt to Tracking Team member at facility egress point.

CHECKLIST 7: EVACUATION TRANSPORT MANAGER — KAISER PERMANENTE NORTHERN CALIFORNIA REGIONAL EMERGENCY MANAGEMENT TEAM

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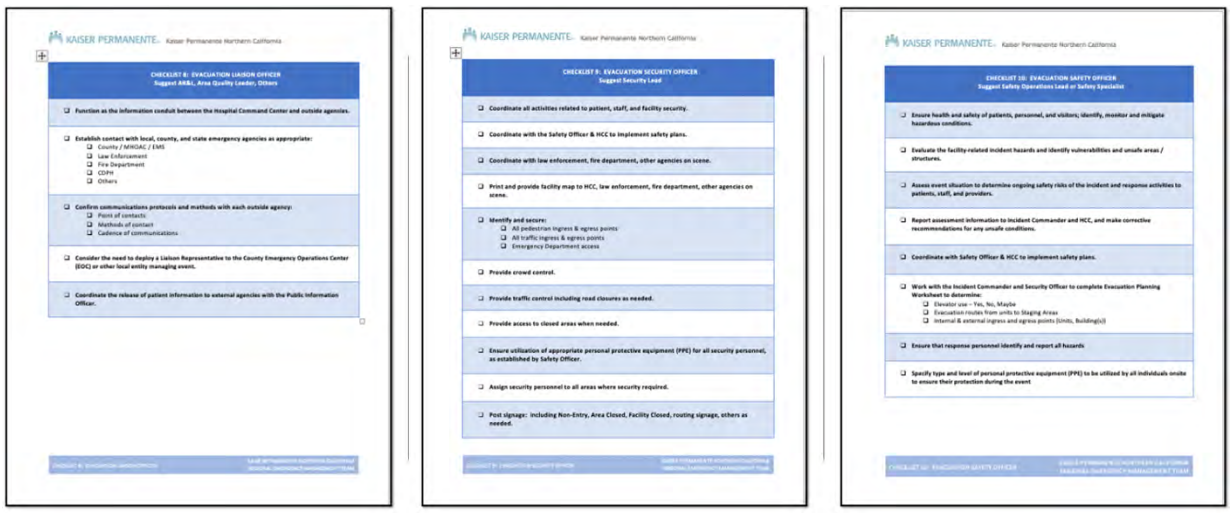

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CHECKLIST 8: EVACUATION LIAISON OFFICER
Suggest AH&L, Area Quality Leader, Others

- ❑ Function as the information conduit between the Hospital Command Center and outside agencies.
- ❑ Establish contact with local, county, and state emergency agencies as appropriate:
  - ❑ County / MHOAC / EMS
  - ❑ Law Enforcement
  - ❑ Fire Department
  - ❑ CDPH
  - ❑ Others
- ❑ Confirm communications protocols and methods with each outside agency:
  - ❑ Point of contacts
  - ❑ Methods of contact
  - ❑ Cadence of communications
- ❑ Consider the need to deploy a Liaison Representative to the County Emergency Operations Center (EOC) or other local entity managing event.
- ❑ Coordinate the release of patient information to external agencies with the Public Information Officer.

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CHECKLIST 9: EVACUATION SECURITY OFFICER
Suggest Security Lead

- ❑ Coordinate all activities related to patient, staff, and facility security.
- ❑ Coordinate with the Safety Officer & HCC to implement safety plans.
- ❑ Coordinate with law enforcement, fire department, other agencies on scene.
- ❑ Print and provide facility map to HCC, law enforcement, fire department, other agencies on scene.
- ❑ Identify and secure:
  - ❑ All pedestrian ingress & egress points
  - ❑ All traffic ingress & egress points
  - ❑ Emergency Department access
- ❑ Provide crowd control.
- ❑ Provide traffic control including road closures as needed.
- ❑ Provide access to closed areas when needed.
- ❑ Ensure utilization of appropriate personal protective equipment (PPE) for all security personnel, as established by Safety Officer.
- ❑ Assign security personnel to all areas where security required.
- ❑ Post signage: including Non-Entry, Area Closed, Facility Closed, routing signage, others as needed.

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CHECKLIST 10: EVACUATION SAFETY OFFICER
Suggest Safety Operations Lead or Safety Specialist

- ❑ Ensure health and safety of patients, personnel, and visitors; identify, monitor and mitigate hazardous conditions.
- ❑ Evaluate the facility-related incident hazards and identify vulnerabilities and unsafe areas / structures.
- ❑ Assess event situation to determine ongoing safety risks of the incident and response activities to patients, staff, and providers.
- ❑ Report assessment information to Incident Commander and HCC, and make corrective recommendations for any unsafe conditions.
- ❑ Coordinate with Safety Officer & HCC to implement safety plans.
- ❑ Work with the Incident Commander and Security Officer to complete Evacuation Planning Worksheet to determine:
  - ❑ Elevator use – Yes, No, Maybe
  - ❑ Evacuation routes from units to Staging Areas
  - ❑ Internal & external ingress and egress points (Units, Building(s))
- ❑ Ensure that response personnel identify and report all hazards
- ❑ Specify type and level of personal protective equipment (PPE) to be utilized by all individuals onsite to ensure their protection during the event

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Electronic Medical Record (KP HealthConnect) Evacuation Functionality

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Electronic Medical Record Tools

Patient Census Report

Evacuation Report

Brief patient summaries

Patient demographics

Medical problems--hospital / non-hospital

Current inpatient / outpatient medications

Allergies

Most recent vital signs

Rapid electronic discharge function

”Leave of Absence”

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Evacuation Toolkit Template

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Evacuation Toolkit Template

Evacuation Plan Template

Introduction to the Evac 123 Tracking System

Evac 123 Evacuation Kit/Tags for XXX patients

Evacuation Checklists
- Pre-Evacuation Preparation Checklist
- Evacuation-specific checklists to supplement HICS checklists

Electronic Medical Record Job Aids
- Evacuation Report Instructions
- Leave of Absence-Type Functionality

Training Resources:
- Evac 123 Tabletop Kit & Drill Tags
- On Demand Evacuation Training
  - Recorded
  - Live / Real Time upon request

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The Evacuation Toolkit: Making It Your Own
Create, Implement, Train

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Making It Your Own: Creating & Implementing

Create Evacuation Toolkit

- **Create** (adapt) evacuation toolkit
- **Test** toolkit
- **Get** stakeholder buy-in
- **Re-test** a sample of the customized evacuation kit to ensure alignment before purchase if using vendor

Implement Evacuation Toolkit

- **Identify ownership** for rollout in medical center(s)
- **Coordinate** meetings & tabletop exercise(s) to socialize & educate
- **Update** Code language and/or policies as needed
- **Ensure** storage location (electronic and physical) has been identified

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Making It Your Own: Training

Develop Training Plan: Who, What, Where, When, How, & Why

- o Define target audience(s) and training objectives
- o Determine what content will meet audience-specific objectives
- o Establish training mode(s) and timing
  - Education session / tabletop / functional exercise
  - Virtual / in-person
  - Real-time /on-demand / Just-In-Time

Create / Compile Training Materials

- o Medical center/healthcare system-specific plans & checklists
- o Leverage vendor education tools as appropriate

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Questions?

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THANK YOU

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