

EVACUATION/TRANSFER PROCEDURES

- MISSION:** Every effort will be made by all staff to maintain the highest quality care through but not limited to continuity of:
- Care Plan/Medical Records- The Care Plan will be copied and will accompany the patient to the alternate site of care
 - Pharmaceuticals – See Pharmacy Plan
 - Equipment – The institution has transport ventilators in stock and will convert Neonatal and Pediatric patients to these for transport. When transport is complete, the permanent ventilators will be configured for the new environment. For adult patients, every effort will be made to access city transport ventilators, However if none are available, staff will manually “Bag the Patient” during transport. The Incident Command Center will arrange for permanent ventilators to be evacuated for use at the alternate site. Monitors have batteries that last up to two hours and understanding these limitations, to maximize patient care, disconnections will be scheduled with the understanding that we will need AC current as soon as possible.
 - Family notification – See Job Action Sheet for Patient Information Officer
 - Addressing patients with special needs – See Job Action Sheet for Admit Discharge Unit Leader and Patient Information Officer
 - Safety of patients and staff as addressed in this plan.

Downstate Medical Center, University Hospital Building is equipped with three (3) compartments and four exit staircases. Stairs #1, #2, & #4, discharge directly to the outside and stair #3 discharges on to the protected corridor on the ground floor (See attachment 1).

A partial or total evacuation of the hospital may become necessary in a number of emergency instances including but not limited to:

(See respective plans for details and policies)

- Fire or smoke condition
- Chemical or biological spill/incident
- Bomb threats
- Extended power outages
- Natural disaster

Notification of an evacuation can be transmitted directly to an affected area, resulting in a partial evacuation in the following manner:

- 1). By a series of bells (3-3-3-3)
- 2). Confirmed by an operator announcement overhead,
- 3). By speaker-phone activation and/or pager notification.

In the event that patient evacuation becomes necessary in one or all of our campus buildings:

- 1). physicians will discharge patients that are medically appropriate for discharge.
- 2). Patients may be transferred within our campus to appropriate patient care areas

if possible.

- 3). Patients who must be moved to other hospitals, will be taken there by ambulance and/or other suitable vehicles following all policies and procedures under the direction of the Incident Command Center.

Patients will have authorization of acceptance from the receiving hospital prior to being transferred.

1. HORIZONTAL EVACUATION

If an order to evacuate is given by the Incident Command Center, FDNY or NYPD, the first stage of such an evacuation will be horizontal. A horizontal evacuation comprises the following:

- The order of the evacuation will be directed and coordinated by the Incident Command Center.
 - The Incident Commander will direct the Logistics Chief and the Facility Unit Leader to notify Facilities Management personnel via the Control Room at extension 2810 of the need to secure medical gasses, water and electricity. Facilities Management will tailor their response to the specific incident requirements.
 - The Incident Commander or Logistics Chief will notify the University President, New York State Department of Health (NYSDOH), New York City Department of Health NYCDOH) and New York City Office of Emergency Management (OEM).
 - At the direction of the Nurse in-Charge/Incident Commander, patients will be directed and moved to an adjacent compartment away from the area of imminent danger.
 - The Nurse-in-Charge of the unit or designee will notify Hospital Police and together, will perform a search of all rooms to ensure a total and complete evacuation. A permanent marker will be utilized to mark an "X" along with the date and time on each room that was checked. The Safety and Security Officer will notify the Incident Commander, Logistics Chief and Facility Unit Leader of completion.
 - The labor Pool will be utilized as a personnel resource to assist with evacuation.
 - If conditions permit, a secondary check of all evacuated rooms will be conducted at the direction of the Incident Command Center, Logistic Chief/designee.
 - The final inspection will include all levels including mechanical spaces to ensure that all occupants were evacuated.
 - The door of each room inspected will be labeled with an orange sticker "EVACUATED" with the date and time of inspection. Stickers will be stored in the Command Center.
- Horizontal evacuations can also be extended to the west end towards the Basic Science Building when feasible.

2. VERTICAL EVACUATION

In the event that a total patient evacuation is ordered and vertical evacuation becomes necessary, patients will immediately be triaged as ambulatory or non-ambulatory and evacuated in the following order. Below are techniques that can be used to evacuate patients

First – Walking Cases. With special care to prevent accidents, lead to exit.

- Second – Mobility-Impaired Cases. Place patients in wheelchairs and wheel to exit or wrap patient in a blanket and carry the patient to safety. Patients can also be evacuated by carrying them in straight chairs with bearers on either side, or by having the patient clasp both arms very tightly around the neck of the bearer to be carried from the building. Two bearers can cross hands to form a chair seat for supporting patients during evacuation.
- Third – Bed-Ridden Cases. Use stretchers if available. If not, you must improvise using bed sheets or blankets. A blanket drag can be used by laying the patient on a blanket on the floor. Place both arms of patient across his/her chest, then the blanket around the patient. Leave the patient's face uncovered, except in a smoke condition. With both hands, lift the blanket at the patient's neck area to elevate the head, and lift or drag the patient to a safe refuge. A Six-Person Carry can also be used without removing the patient from the bed; put away the pillows and roll in both sides of the bed sheets until it reaches the patient's side. (It may be necessary to have two or more sheets under the patients, depending on his or her weight.) Three staff members stand on each side towards the patient next to the thigh, torso and shoulder). Lift the patient at the same time, then walk sideways in unison towards safe refuge.

3. STAFF EVACUATION

- All occupants must evacuate the building when the evacuation alarm, 3-3-3-3, is sounded, with the exception of Nursing and Medical Staff who must attend to patients' care. Under the directions of the Incident Command Center, a personnel pool will be organized to provide assistance in evacuation and other support functions.
- Individuals in office areas, laboratories, and doctor's offices shall evacuate the building following instructions given by University Police officers to assemble on the sidewalk outside UHB.
- No one is permitted to re-enter UHB until the "All-Clear" signal, 1-1-1-1, is sounded.
- Use stairways during evacuation, NEVER USE ELEVATORS.

4. TRANSFER COORDINATOR/TRANSPORTATION UNIT LEADER: (See Job Action Sheet)

- Will be designated by the CEO, Incident Commander or his designee. This person will be familiar with current admitting, transfer and discharge procedures.
- The Transportation Unit Leader will have the authority, responsibility, and accountability of implementing these procedures.
- The Transportation Unit Leader shall be responsible for the orderly transfer of patients and other personnel, proper identification procedures, transfer of Medical Records, maintenance of records and essential patient supplies and equipment.
 - Types of transportation resources available include vans, buses ambulance and ambulettes. UHB currently has twenty five vehicles in operation.
 - University Hospital of Brooklyn has contracts with several Ambulance and Ambulette companies. These include:

Midwood Ambulance Service, Elbrus Transportation, Assist Transportation Services Inc, Citywide Mobile Response, Elite Limousine Plus Inc.

- It is standard policy for UHB that all contracts are five years with the option to renew annually.
- The Transportation Unit Leader will ensure that family notification of patient transfer destination is carried out.
- The Discharge/Admit Unit Leader will assign personnel for family notification.
- Additional personnel to assist in implementing these procedures will be assigned from the Manpower Pool.

5. TRANSFER AREA RESPONSIBILITIES:

- The Transportation Unit Leader will function under standard hospital regulations for patients' acceptance to other local hospitals. The Hospital Disaster Coordinator can assist with this process.
- A patient identification tag will be placed on the patient being transferred. (To be done on the nursing unit). The ID tag will include the patient's name, age, and physician.
- The patient's physician or inpatient medical staff will determine the type of bed and type of transportation required for the patient. The Transportation Unit Leader will make arrangements for the transfer.
- All patients transferred will be discharged from our facility.
- A copy of the patient's medical record will be sent with the patient. In the event that there is no time to copy the Medical Record and/or Medication Administration Record, a "Critical Information Form" (See Attachment 2) or a brief discharge summary will accompany the patient. A copy of the Medical Record and Medication Administration Record will be sent to the receiving hospital within 48 hours.
- Logistical arrangements: The copy of the medical record or summary will accompany the patient to the new facility. A three day supply of medications will also accompany the patient. Food, water and other necessities will be provided by the receiving facility.
- The Transportation Unit Leader shall receive from nursing and enter the patient's information on the patient transfer log. The log shall include the patient's name, destination, diagnosis, and accepting physician (If available).
- The receiving facility will be responsible for notifying UHB, OEM and NYSDOH of acceptance of patient.
- The Transportation Unit Leader will maintain a confirmation log.
- A holding area may be necessary if immediate transfer is not possible. Patients will be housed temporarily in the Student Center Gymnasium.

6. RECEIVING AREA:

- Once the disaster is over, and the facilities have been cleared to accept patients once again, patients who were previously transferred from University Hospital of Brooklyn (UHB) may be transferred back to UHB.
 - i) All patients being returned must have an accepting physician.
 - ii) The number of patients being returned will be contingent upon bed availability.
 - iii) The Transportation Unit Leader will follow routine transfer policies,

- however, these patients must be given a priority.
- iv) The accepting medical physician will assure that the patients are medically stable for transfer back to UHB.

7. EMS DIVERSION

- Should EMS Diversion be possible, the Emergency Room Director will contact EMS dispatch in the usual manner.
- A Diversion Log is kept and maintained in the ED. Frequent updates will be given to the Incident Command Center.

8. STAFF TRAINING

Staff education and protocol reviews will be conducted during new employee orientation, annual in-service education, Department Head Meetings and drills.

Training will include a review of:

- Notification procedures
- Types and levels of evacuation
- Routes of egress
- Evacuation methods and evacuee flow