



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Facility Management and Safety		
Document:	Administrative Policy and Procedure		
Title:	Evacuation Procedure		
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1. MISSION:

- 1.1 Every effort will be made by all staff to maintain the highest quality care through but not limited to continuity.

2. STAGES OF EVACUATION:

- 2.1 There are stages of evacuation, the stage to which evacuation, may be necessary shall be determined by the nature and intensity of the danger:
 - 2.1.1 Stage 1 Evacuation: HORIZONTAL
 - 2.1.1.1 Evacuation where persons are evacuated to a safe place on the same floor level; this is often through a fire door in the case of a fire.
 - 2.1.2 Stage 2 Evacuation: VERTICAL
 - 2.1.2.1 When it is warranted to move persons from a floor level to a lower floor level (i.e. from the first floor to the ground floor).
 - 2.1.3 Stage 3 Evacuation: GENERAL BUILDING EVACUATION
 - 2.1.3.1 Where it is necessary to evacuate persons completely from the affected area direct to the outside of the building.
- 2.2 **Patient evacuation (Adults):**
 - 2.2.1 Priority Order of Evacuation (Patients will be evacuated in the following order):
 - 2.2.1.1 Ambulatory patients will be first let to safety.
 - 2.2.1.2 Wheelchair patients will be taken next to safety.
 - 2.2.1.3 Non-ambulatory patients will be moved next using one of the emergency patient handling methods.
 - 2.2.1.4 Critical care unit patients and other critical patients will be evacuated last but will generally, at the discretion of the most Senior Medical staff present, Nursing Supervisor on duty or the Head Nurse or Nurse in-charge on duty for that area, receive priority in transportation from the assembly area or triage area as soon as ambulance transportation is available.
 - 2.2.1.5 Nursing staff on duty to record details of patients evacuated.
 - 2.2.1.6 Note: The preferred emergency exit for the Nursing Units is ALWAYS the nearest and safest exit door.
- 2.3 **Patient Evacuation (Paediatrics):**
 - 2.3.1 Wrap each child in blanket and make certain the identification band is in place.
 - 2.3.2 Any beddings or towels outside the door signals "Empty Room".
 - 2.3.3 Head Nurse / Nurse In-Charge take patient census.
 - 2.3.4 Note: Medical triage Officer or designee shall ascertain those patients who will require evacuation to another hospital.
- 2.4 **Patient Evacuation (Nursery):**
 - 2.4.1 Where practical, give babies to mothers – evacuate mothers.
 - 2.4.2 Nursing Personnel will evacuate all babies requiring special care.
 - 2.4.3 Ensure each infant has its identification band, and is wrapped in a blanket.

- 2.4.4 Assign two employees to check each Nursery to confirm removal of every infant.
- 2.4.5 Note: Several babies can be placed on a blanket and dragged to safety or two can be carried at a time.
- 2.5 **Emergency Patient Handling Methods:**
 - 2.5.1 The choice of method to be used in the emergency evacuation of patient is determined by a number of factors, including:
 - 2.5.1.1 The intensity of the emergency
 - 2.5.1.2 The medical condition of the patient.
 - 2.5.1.3 The physical consideration of the patient and handler. The number of staff available to carry out evacuation.
 - 2.5.2 **Bed Push Method**
 - 2.5.2.1 While it is considered to be one of the quickest and physically less exhaust method the use of moving patients it is not in general a practical method due to a number of factors, including:
 - 2.5.2.1.1 Sufficient staff to move the beds;
 - 2.5.2.1.2 Getting beds through doors;
 - 2.5.2.1.3 Maneuvering beds through corridors;
 - 2.5.2.1.4 Lack of space to contain the beds once they have been moved.
 - 2.5.3 **Blanket Drag:**
 - 2.5.3.1 In a fire emergency the greatest threat to life is from the effects of smoke. Patients will survive longer if they are put onto the floor. The blanket method facilities:
 - 2.5.3.1.1 A blanket or bedspread is put on the floor; the patient is then put on it ready to be dragged to safety. This method is quick and is particularly useful when only a minimum number of staff is immediately available.
 - 2.5.4 **Hand Lifts:**
 - 2.5.4.1 This hand, three hands and four hand lifts are useful for carrying patients who can assist in supporting themselves by placing their arms around the rescuers should. This method is quick but is physically very tiring.
 - 2.5.5 **Chair Drag:**
 - 2.5.5.1 This can be effective way of moving a non-ambulant patient, particularly on a smooth surface. It involves sitting the patient in a chair and the chair is dragged by one person or carried by two people.
 - 2.5.6 **Human Crutch:**
 - 2.5.6.1 A most useful method of emergency patient handling when patient is supported by one person standing either side. Patient must be able to offer some form of help for this method to be successful.
 - 2.5.7 **Wheelchair:**
 - 2.5.7.1 Although two people are required to get into the wheelchair, only one is required to push it. A very quick physically demanding, but dependent on the availability of wheelchairs, not all wards have them and getting them down stairs in the event of a Stage 2 evacuation becomes a major problem.
- 2.6 **Care Plan/Medical Records:** The Care Plan will be copied and will accompany the patient to the alternate site of care.
- 2.7 **Pharmaceuticals:** See Pharmacy Plan
- 2.8 **Equipment:** Where available, ventilators will convert Neonatal and Paediatric 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 ventilate/ambu-bag the Patient during transport. The Disaster Command Center will arrange for permanent ventilators to be evacuated for use at the alternate site. Monitors have batteries that last up to hours and understanding these limitations, to maximize patient care; disconnections will be scheduled as soon as possible.
- 2.9 Addressing patients with special needs. See Job Action Sheet for Admission Discharge & Transfer, and the Patient Information Officer.
- 2.10 Safety of patients and staff as addressed in this plan.

- 2.11 **Maternity and Children Hospital building is equipped with fire sub-compartment rated to 1.5 hours fire doors, and a partial or total evacuation of the hospital may become necessary in a number of emergency instances including but not limited to:**
 - 2.11.1 Fire or smoke condition
 - 2.11.2 Chemical or biological spill/incident
 - 2.11.3 Bomb threats
 - 2.11.4 Total power failure
 - 2.11.5 Natural disaster
- 2.12 **Notification of an evacuation can be transmitted directly to an affected area, resulting in a partial evacuation in the following manner:**
 - 2.12.1 Confirmed by an operator announcement overhead paging system,
 - 2.12.2 By Evacuation Team Leader onsite instructions, and or
 - 2.12.3 Through telephone call and/or designated runners/messenger.
- 2.13 **In the event that patient evacuation becomes necessary of hospital buildings:**
 - 2.13.1 Physicians will discharge patients that are medically appropriate for discharge.
 - 2.13.2 Patients may be transferred within hospital to appropriate patient care areas if possible.
 - 2.13.3 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 Disaster Command Center.
 - 2.13.4 Patients will have authorization of acceptance from the receiving hospital prior to being transferred.

3. HORIZONTAL EVACUATION:

- 3.1 **If an order to evacuate is given by the Hospital Evacuation Team Leader, Disaster Command Center, safety officer first stage of such an evacuation will be horizontal. horizontal evacuation comprises the following:**
 - 3.1.1 The order of the evacuation will be directed and coordinated by the Disaster Command Center.
 - 3.1.2 The DCC Incident Commander will direct the safety officer to notify Facility Engineering & Maintenance Department Chief Engineer of the need to secure medical gasses, water and electricity and will tailor their response to the specific incident requirements.
 - 3.1.3 The DCC Incident Commander or Administrator will notify the local agencies for assistance.
 - 3.1.4 At the direction of the Nurse Charge Nurses/Evacuation\ and/or Disaster Team Leader, patients will be directed and moved to an adjacent compartment away from the area of imminent danger.
 - 3.1.5 Charge Nurse of the unit or designee will perform a search of all rooms to ensure a total and complete evacuation. A permanent marker/door tag will be utilized to mark on each room that was checked. The Security or the Search & Rescue Team leader will notify the DCC Incident Commander, Disaster Team Leader of completion.
 - 3.1.6 The manpower/labor pool will be utilized as a personnel resource to assist with evacuation.
 - 3.1.7 If conditions permit, a secondary check of all evacuated rooms will be conducted at the direction of the DCC Incident Commander or designee.
 - 3.1.8 The final inspection will include all levels including mechanical spaces to ensure that all occupants were evacuated.
- 3.2 **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:**
 - 3.2.1 Walking Cases. With special care to prevent accidents, lead to exit.
 - 3.2.2 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.
 - 3.2.3 Bed-Ridden Cases. Use stretchers if available. If not, you must improvise using mattress drag methods. 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.

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4. STAFF EVACUATION:

- 4.1 All non-medical department/offices occupants must evacuate the building directly to staff assembly point when the evacuation has been announced, with the exception of Nursing and Medical Staff who must attend to patients care. Under the directions of the Disaster Command Center, a manpower/labor pool shall be organized to provide assistance in evacuation and other support functions.
- 4.2 No one is permitted to re-enter building unless authorized and/or until the "All CLEAR" signal is announced.
- 4.3 Use stairways during evacuation, **NEVER USE ELEVATORS.**

5. TRANSFER COORDINATORS (TRANSPORT):

- 5.1 Will be designated by the DCC Incident Commander or his designee. This person will be familiar with current admitting, transfer and discharge procedures.
- 5.2 The Transport Leader will have the authority, responsibility, and accountability of implementing these procedures.
- 5.3 The Transport 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.
 - 5.3.1 Types of transportation resources available include vans, buses ambulance and ambulances..
 - 5.3.2 Contracts several Ambulances from other healthcare facilities and the Red Crescent.
- 5.4 The Leader will assign personnel for family notification.
- 5.5 Additional personnel to assist in implementing these procedures will be assigned from the Manpower Pool.

6. TRANSFER AREA RESPONSIBILITIES:

- 6.1 The Transportation Unit Leader will function under standard hospital regulations for patient's acceptance to other local hospitals. The Hospital Disaster Coordinator can assist with this process.
- 6.2 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.
- 6.3 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.
- 6.4 All patients transferred will be discharged from our facility.
- 6.5 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. 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.
- 6.6 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.
- 6.7 The receiving facility will be responsible for notifying of acceptance of patient.
- 6.8 The Transportation Unit Leader will maintain a confirmation log.





7. RECEIVING AREA:

- 7.1 **Once the disaster is over, and the facilities have been cleared to accept patients once again, patients who were previously transferred from MCH may be transferred back:**
 - 7.1.1 All patients being returned must have an accepting physician.
 - 7.1.2 The number of patients being returned will be contingent upon bed availability.
 - 7.1.3 The Transportation Unit Leader will follow routine transfer policies; however, these patients must be given a priority.
 - 7.1.4 The accepting medical physician will assure that the patients are medically stable for transfer back.
- 7.2 Staff education and protocol reviews will be conducted during new employee orientation, annual in-service education, Department Head Meetings and drills.
- 7.3 **Training will include a review of:**
 - 7.3.1 Notification procedures
 - 7.3.2 Types and levels of evacuation
 - 7.3.3 Routes of egress
 - 7.3.4 Evacuation methods and evacuee flow

8. REFERENCE:

- 8.1 MOH and Civil rules and regulations

9. APPROVALS:

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