

## LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER

### HOSPITAL EVACUATION PLAN

Purpose: In the event that disaster renders LSU Health Sciences Center unsafe for occupancy or prevents the delivery of necessary patient care, the HSC shall evacuate patients, staff, and visitors in accordance with standardized procedures.

Glossary: **DHH-** Department of Health and Hospitals  
**DRC-** Designated Regional Coordinator - Appointed by Louisiana Hospital Association (LHA) as regional emergency preparedness liaison for one of the states nine regions.  
**EMS-** Emergency Medical Services  
**EM System-** Emergency Medical System - web based Hospital/EMS resource tool.  
**HEICS-** Hospital Emergency Incident Command System  
**NDMS-** National Disaster Management System  
**Caddo/Bossier OHSEP-** Caddo/Bossier Office of Homeland Security and Emergency Preparedness  
**SFD-** Shreveport Fire Department  
**SPD-** Shreveport Police Department  
**800MHz-** Statewide radio communication system for fire, police, and hospitals

Policy:

- I. Implementation of Plan
  - A. The evacuation from any floor or building shall be initiated on the order of the Chancellor, Vice Chancellor of Clinical Affairs, or Hospital Administrator. In an event of immediate threat of life, the Unit Manager will authorize the evacuation of area.
  - B. Evacuation may become necessary due to fire/smoke, chemical incident, hostage crisis, extended loss of utilities/services, etc.
  - C. The Administrative House Manager will act as Incident Commander until relieved by higher authority. If Hospital Emergency Incident Command System (HEICS) is activated, Incident Command will be located in the Hospital Administration Board Room.
- II. Types of Evacuations Used at LSUHSC-S
  - A. **Partial Evacuation** – Patients, visitors, and staff are transferred to other areas within the hospital. There are two levels of a partial response:

1. **Horizontal Evacuation** – first response – movement of patients horizontal from one side of a fire/smoke barrier door(s) to the other side, example: from G-wing to J-wing or from K-wing to G-wing or J-wing, G-wing to Medical School.
    - a. Patients in immediate danger should be moved first.
    - b. Ambulatory patients will be moved next.
    - c. Non-ambulatory patients will be moved using various carries, wheeled beds, wheelchairs, and carrying if necessary.
    - d. All rooms should be checked prior to leaving the area and all doors closed.
    - e. Medical charts shall accompany patients.
  2. **Vertical Evacuation** – movement of patients to a safe area on another floor, building, or outside. Stairwells will be used to evacuate the building, unless elevators are accessible and determined safe to use by SFD or Incident Commander. Movement should be downward to a safe level or outside.
- B. **Total Evacuation** - patients are transferred from LSUHSC, to an outside area, alternative care sites, or other hospitals facility.
1. Total Evacuation of LSUHSC-S hospital can be accomplished by using one of the following plans:
    - a. Alternative Care Site – Patients will be temporarily evacuated to Outpatient Buildings that have Medical Gas service until they can be returned to hospital or transported somewhere else. (Estimated 80 rooms with Medical Gas service in ACC/WCC & FWCC)
    - b. Local Evacuation – Patients will be transferred to local hospitals (Willis-Knighton, Christus-Schumpert, or VA Hospitals)
    - c. Regional/In-state Evacuation – Patients will be transported to other LSUHSC-S umbrella facilities. (E.A Conway-Monroe or Huey P. Long-Pineville). If needed to admit patients other hospitals in the State of Louisiana, Region 7 Designated Regional Coordinator will be consulted to match resources with patient needs and arrange transfer.

- d. Federal/Out-of-State Evacuation –If hospital cannot arrange transportation for patients or cannot find a willing facility to accept them, patients will be brought to a predetermined site transported to National Disaster Management System facility.

III. Evacuation Routes – Evacuation to outside the building shall be accomplished utilizing the following evacuation routes when possible:

<u>Area</u>	<u>Evacuation Routes</u>
ER/Burn Unit	Evacuate using ER corridor to Linwood Driveway.
All K-wings	East or West stairwell to outside of building with gathering outside K-wing main entrance.
All G-wings	East stairwell to outside of building. Alternate route use H-wing center stairs with gathering point by transportation stop.
All J-wings	West stairwell to outside building with gathering point outside K-wing main entrance.
All H-wings	Center stairwell to 1 <sup>st</sup> floor, out to Kings Highway with gathering outside front driveway.

**Notes:**

- If sheltering is needed due to inclement weather; patients can be brought to the BRI atrium, Medical School (A Building), or Old Allied Health Building lobby.
- If any of these routes are not accessible, use other stairwells
- Patients can possibly be brought through G-wing stairwell connection into the Medical School.

IV. Responsibility

A. Authorization for Evacuation

1. Evacuation of the facility or portion thereof can only be Authorized by:
  - a. Public Safety Officer (Fire or Police)

- b. Chancellor
- c. Vice Chancellor of Clinical Affairs
- d. Hospital Administrator

- B. The decision to evacuate from unsafe or damaged areas shall be based on the following information:
  - 1. Public Safety Official (Fire or Police) has determined the building is not safe for occupancy.
  - 2. Physical Plant's evaluation of the utilities and/or structure of the buildings.
  - 3. The Chancellor, Vice Chancellor of Clinical Affairs, or Hospital Administrator determination whether adequate patient care can be given.
  - 4. Evacuation should only be attempted when you are certain the area chosen for the evacuation is safer than the area you are leaving.

V. Communication of Evacuation

- A. This evacuation plan is based on the premise that an event has occurred causing the hospital to be in a Disaster mode and the Command Center has been established.

- B. Notify 9-911 of evacuation.

VI. Procedure

A. General Instructions

- 1. Evacuate most hazardous areas first (those closest to danger)
- 2. Use nearest or safest appropriate exit. Sequence of evacuation should be:
  - a. Patients in immediate danger
  - b. Ambulatory patients
  - c. Semi-ambulatory patients
  - d. Non-ambulatory patients.
- 3. Close all doors. If time permits, shut off oxygen, water, lights and gas, if able.
- 4. Elevator may not be used if a fire has occurred. In other situations, get clearance from the Command Center before using elevators.
- 5. If total building evacuation is needed, buildings will be evacuated starting with upper floors down to ground floors

- VII. Evacuation of Operating Room Patients during Disaster Incident.  
Upon evacuation of the Emergency Preparedness Plan, the remaining elective surgical schedule shall be cancelled. In the event that it becomes necessary to evacuate the OR, staff shall use the following evacuation guidelines. The area to which the OR patients shall be evacuated will depend upon:
- a. The condition of other areas of the medical center and,
  - b. The number of patients that need to be evacuated.
- A. Evacuation Sequence
1. If Anesthesia has begun, but the surgical procedure has not started:
    - a. The anesthesiologist shall terminate the anesthetic as soon as it is safe to do so.
    - b. The anesthesiologist and circulating nurse shall accompany the patient to a predetermined safe location.
  2. If a surgical procedure is in progress:
    - a. The surgeon and anesthesiologist shall determine when it is safe to terminate the procedure and move the patient.
    - b. The anesthesiologist and circulating nurse shall accompany the patient to a predetermined safe location.
- VIII. Evacuation of ICU Patients During a Disaster Incident  
In the event that it becomes necessary to evacuate intensive or critical care patients, staff shall use the following evacuation guidelines. The areas to which these patients shall be evacuated will depend upon:
1. The condition of other areas of the medical center
  2. The number of patients that need to be evacuated.
- A. General Evacuation Sequence:
1. Evacuate most hazardous area first
  2. Evacuate patients in immediate danger first, then ambulatory, wheelchair, and non-ambulatory patients.
- B. Evacuation of Patients on Ventilators:
1. When wall oxygen is turned off, switch ventilator to room air and/or obtain portable oxygen tank.
  2. If there is no power, staff must bag these patients using an ambu-bag.
  3. During the evacuation transport, staff must bag the patient.

- C. Evacuation of Patients with Arterial Lines and Swan Ganz:
1. Disconnect transducer from patient cable. Take pressure bag with patient.

D. Dialysis Patients:

1. Discontinue dialysis immediately and move patient to a safe area. If time and conditions permit, give blood back to patient before moving.

\*It is preferable to evacuate to a safe area that allows for monitoring. If such an area is not available, contact the Command Center and assign portable monitors to most needy patients.

- IX. Evacuation of Patients from Psychiatric Unit (10G, 10H, 10J & 10K)  
In the event that it becomes necessary to evacuate patients from the Psychiatric Unit, staff shall use the following evacuation guidelines. The area to which patients from the Psychiatric Unit shall be evacuated shall depend upon:
1. The condition of other buildings in the Medical Center.
  2. The number of patients that need to be evacuated.

A. General Evacuation Sequence

1. Evacuate most hazardous area first
2. Evacuate patients in immediate danger first, then ambulatory, wheelchair, and non-ambulatory patients.

B. Evacuation of Patients Psychiatric Unit

1. In the event of a vertical evacuation and other facility buildings are not affected, patients and an interdisciplinary psychiatric staff shall:
  - a. Escort patients to classroom 8-314 of the medical school. Staff should take G-wing stairwell to 9<sup>th</sup> floor and cross over to 8<sup>th</sup> floor of medical school.
2. In the event that other campus buildings cannot be used to hold Psychiatry patients, patients and staff will exit to ground level and escorted to holding area. (Student Union)

X. Job Assignments

A. Liaison Officer:

1. Maintain contact with Caddo 911, SFD Emergency Medical Services and Caddo/Bossier OHSEP to ensure coordination of off-campus patient transportation.
2. If patient transport is needed beyond Region 7, contact DRC to coordinate transfer of patients to another region.
3. Transportation Contact Numbers.

Ruth Hawkins-ACC Transportation Coordinator @ 32410 Pager #1562	Region 7 DRC-Knox Address @ 33311 Cell – 465-9500	Balentine Ambulance 222-5358
Shuttle Bus Service Auxiliary Services @ 57651	Caddo/Bossier OHSEP 425-5351	Bayou Ambulance 371-1855
Caddo 911/675-2222	DHH Office of Public Health EMS 225-763-5729	SFD Chief of EMS- Steve Nezat 673-6720
Casino Cabs – 425-3325		

B. Logistics Chief

1. Assign Transportation Unit Leader to assemble evacuation teams from Labor Pool.

C. Transportation Unit Leader

1. Assemble evacuation teams from labor Pool. If able, assign six people to each floor for evacuation support.
2. Arrange for transportation devices (wheelchairs, stretchers, etc.) to be delivered to assist in evacuation.
3. Report to floor evacuated.
4. Report to Nursing Manager or designee for sequence of patients to be evacuated, route, and method of evacuation and holding areas to which patient will be evacuated.
5. Brief evacuation teams on sequence of patients to be evacuated, route and method of evacuation and holding areas to which patients will be evacuated.
6. Supervise evacuation.

D. Nursing Unit Leaders

1. Distribute evacuation schedule to Nursing Managers or designee.
2. Assign Holding Area Coordinators and adequate number of nurses to staff the holding areas.
3. Verify that Nursing Managers have initiated evacuation.
4. Request that Medical Staff Unit Leader notify physicians of the need for transfer orders.

E. Medical Staff Unit Leader

- a. Notify physicians of the need for patient transfer orders.
- b. Assist Nursing Unit Leader as needed.

- F. Nursing Manager
  - c. Determine the evacuation status of each patient. Staff will evacuate patients in sequence according to their evacuation status.
  - d. Designate a safe exit after determining the patients to be evacuated.
  - e. Advise the Patient Tracking Leader of the patient evacuation status, sequence and method of evacuation and holding areas.
  - f. Assign specific nurses to maintain patient care.
  - g. Assign nurses to prepare patients for evacuation.
    - 1. Place the patient's personal belongings, if any, inside a bag labeled, "Belonging." Label bag with patients name and hospital identification number
    - 2. Place the patient's address-o-graph, patient identification card in his/her medical record, secure the card with tape. The chart and all medical records must remain with the patient.
  - h. Assign a person to record evacuation activity, including
    - 1. Time of evacuation
    - 2. Method of evacuation
    - 3. Name of patient
    - 4. Patient's hospital number
    - 5. Evacuated from (room #) to (relocation)
  - i. Forward documentation of evacuation and patient's disposition to Patient Tracking Officer.
- G. Labor Pool Leader
  - a. Assign all available Physical Plant, Environmental Services, Nutritional Services and other medical center staff not previously assigned to Disaster duties to assist with moving the patients.
- X. Alternate Care Site/Total Evacuation
  - A. Patients will be transported to ACC/WCC or FWCC buildings for temporary care.
  - B. Transportation will be provided by LSUHSC-S for ambulatory patients and SFD-EMS for non-ambulatory patients.
  - C. Ambulatory Care areas with medical gas capability will be used for patients in need.
  - D. Medical charts will accompany patients to buildings.
- XI. Local Hospitals/Total Evacuation

- A. LSUHSC-S will use all available ground transportation first and contact SFD-EMS from transportation after hospital resources are exhausted.
- B. If all SFD-EMS resources are exhausted, LSUHSC-S will contact Caddo/Bossier OHSEP for extra resources.
- C. Hospital Administration will contact local hospitals, (Willis-Knighton, Christus-Schumpert, or VA Hospitals) to accept transported patients.
- D. Medical Records will accompany patients during transfer.

XII. Regional/In-state

- A. Louisiana Hospital Emergency Preparedness and Response Plan will be used to transfer patient to other regional areas.
- B. Designated Regional Coordinator (DRC's) will serve as a liaison for hospitals to support patient transfer process.
- C. Communication will be handled via EMSsystems and 800 MHz state wide radio system.
- D. LSUHSC-S will contact umbrella facilities (E.A Conway-Monroe or Huey P. Long-Pineville) to accept transferring patients.
- E. If patients cannot be relocated to other institutional managed facilities, the Local Designated Regional Coordinator will be contacted to coordinate patient needs with available resources in the state.
- F. After all local resources are used, transferring DRC will contact accepting DRC with patient information.
- G. Transferring hospital will have provide the following patient information to local DRC and the accepting hospital:
  - a. Patient Name
  - b. Preliminary Diagnosis
  - c. Resources needed- Physician Support, type of bed, and specialty needs
  - d. Hospital Information-Hospital Name, Contact person for transfer, telephone number, and transfer approved by:
  - e. Whether staff will accompany patient (s)
- H. Patient medical record will be sent with patient.

- I. Once matched with resources; accepting hospital will contact the transferring hospital regarding transfer resources.
  - J. If transportation is needed; transferring hospital can contact the DHH Office of Public Health – EMS Coordinator at (225-763-5729) for transportation assistance.
  - K. Once patients have been transferred to another facility, hospitals will e-mail a list of patients transferred to Patient Tracking @ LHonline.org.
- XIII. Federal/Out-state
- A. When evacuation requirements are beyond the local/regional capabilities, hospital will contact local DRC with evacuation requirements beyond their capabilities.
  - B. Hospitals will identify critical patients who are electrically or Ventilator dependant or require intensive care, and pass this information to the Region 7 DRC.
  - C. Medical record will accompany patient during transfer process.
- XIV. Statewide contact list for Designated Regional Coordinators and Designated Regional Hospitals will be kept in Hospital Board Room along with a copy of Louisiana Hospital Emergency Preparedness Response Plan.