



**Los Angeles County Emergency Medical Services Agency**

**Evacuation and Shelter in Place Guidance**  
**for Healthcare Facilities**

**Part I: Guidance**

*April 17, 2012*

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### Part I: Guidance

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## Purpose and Overview

Evacuation of a healthcare facility may be necessary following an emergency such as a facility fire or damage from a natural disaster such as an earthquake or flooding. The decision to evacuate a healthcare facility will be based on the ability of the facility to meet the medical needs of the patients. Immediate threats to life, such as internal fires or unstable structures, will require emergent evacuation, while other situations may allow for a planned and phased evacuation.

The *Evacuation and Shelter in Place Guidance for Healthcare Facilities* is composed of several parts. Part I provides general guidance on the differences between evacuation and shelter in place including the roles and responsibilities of healthcare facilities and the healthcare system. A planning, response, and recovery checklist is provided to assist facilities in developing their plans and procedures. This guidance is not intended to provide all of the details or resources necessary for facilities to develop their plans, nor is it necessary to address every item that is identified in the checklist. Each facility should assess and address the considerations that are essential for a successful evacuation or shelter in place response, and incorporate these into their plans. A listing of online resources is included which identifies documents that offer more details.

Part II is an Evacuation and Shelter in Place Plan Template that healthcare facilities may use to create their own plan, or to review when updating their plan. The template is designed to encourage facilities to conduct their own planning process and personalize their plan.

Part III is a set of two Tabletop Exercises (shelter in place and evacuation) that facilities may use in the planning phase as they develop their plans to brainstorm about needs, gaps, or solutions, and/or may use to educate personnel on the components of their existing plan. The exercises are also designed for use with health coalition or community response partners.

Documents are available for download on the Los Angeles County Emergency Medical Services Agency Web site at <http://ems.dhs.lacounty.gov/ManualsProtocols/Manuals.htm>.

## Operational Definitions

**Shelter in Place:** A procedure used to take immediate shelter in a current location. May be abbreviated as SIP. May be used in response to:

- A hazardous materials release for which actions such as sealing up windows and doors may be necessary.
- Inclement weather such as extreme winds which may require sheltering in place but away from windows.
- An active shooter or active threat situation. When SIP is done in this situation, it is sometimes called Defend in Place.

**Evacuation:** The movement of patients and personnel from a dangerous location to one of relative safety.

**Partial Evacuation or Relocation:** Patients and personnel are moved within the facility.

**Horizontal Evacuation:** Evacuation on the same floor, often to the other side of a set of fire barrier or smoke compartment doors.

**Vertical Evacuation:** Evacuation to a safe place on another floor, can be upward or downward.

**Total or Complete Evacuation:** The full evacuation of a facility to an outside area which may also require transfer of patients (and possibly personnel) to another healthcare facility or alternate site.

**Emergent Evacuation:** An evacuation that is conducted in quick response to an acute emergency.

**Planned or Phased Evacuation:** An evacuation that is conducted in a planned or phased manner in response to an impending emergency such as wildfire or flood.

**Refuge Area:** A location within a building that is identified as having relative safety. May be used in SIP situations or partial evacuation/relocation.

**Assembly Point or Collection Area:** A pre-identified area outside of the building where departments will assemble upon evacuation from the facility.

## How the System Works: Roles and Responsibilities

### Healthcare Facilities

- Develop and train/exercise personnel on your shelter in place and evacuation plans.
- Move patients, visitors and personnel to an area out of danger and to relative safety.
  - If you need additional assistance to move patients and personnel, your local fire department may be able to help
  - If you rent space, notify your landlord and other tenants that they may need to evacuate as well
- Notify local agencies that you are experiencing an adverse incident that requires sheltering or evacuation and update your operational status.
  - Hospitals: Los Angeles County Department of Health Services Emergency Medical Services (EMS) Agency: use ReddiNet, call the Medical Alert Center (MAC): 866-940-4401, or use the HEAR radio
  - All Healthcare Facilities: Licensing and Certification: 800-228-1019
  - If you rent space, notify your landlord

### PATIENT TRANSFER

- If patients need to be transferred to another facility for ongoing medical care, **identify available beds** by the following procedures:
  1. Coordinate with other facilities in your healthcare system
  2. If the above resources are unavailable or inadequate, request assistance from the LA County EMS Agency:
    - Hospitals: Contact the Medical Alert Center (MAC): 866-940-4401, Press 1
    - Provide the number of patients by type of bed (critical care, medical/surgical, pediatrics, etc) that require evacuation
    - Skilled Nursing Facilities: If the above resources are unavailable or inadequate, request assistance from Licensing and Certification:
      - Contact Licensing and Certification: 800-228-1019
      - Provide the number of residents by type of acuity that require evacuation
- **Obtain transportation resources** by contacting your contracted ambulance providers
  - Hospitals: If the above resources are unavailable or inadequate, request assistance from the LA County EMS Agency:
    - Contact the Medical Alert Center (MAC): 866-940-4401, Press 1
    - Provide the number of patients by type of bed (critical care, medical/surgical, pediatrics, etc) that require evacuation
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- Transferred patients should have **medical records and medications** sent with them.
  - At a minimum, use a triage tag or HICS Form 260 Patient Evacuation Tracking
- Maintain a log of transferred patients, include the following:
  - 1) Name of patient; 2) Facility transferred to; 3) Type of service (i.e., medical/surgical, ICU, etc.); 4) Equipment sent with patient (i.e., IV pump, ventilator, wheelchair, etc.); 5) Mode of transportation
  - Use routine transfer summary forms, use the sample found in the Template, or use a combination of HICS Form 260 and HICS Form 255 Master Patient Evacuation Tracking Form

**LA County EMS Agency**

- Coordinate the overall medical and health response in Los Angeles County.

**PATIENT TRANSFER**

- Poll all hospitals to determine their ability to take transfers and/or their need to evacuate their facility.
- Notification
  - Inform Licensing and Certification of pending hospital evacuations.
  - Notify local fire departments and law enforcement agencies of the pending hospital evacuations that require patient transfers; request assistance to ensure evacuation routes minimize are available to minimize risks associated with the evacuation
- Provide transportation resources
  - Deploy local ambulance resources; if additional resources are needed, activate ambulance strike teams (AST) or consider alternate modes of transportation (e.g., buses)
  - If the above are inadequate, request transportation resources from Region 1 and/or the State
- Provide individual hospital being evacuated with the following information:
  - Patient destination information including the number of patients by type to each facility
  - Transportation resources being dispatched and the estimated time of arrival

**California Department of Public Health Licensing and Certification**

- Healthcare facilities in California are licensed, regulated, inspected, and/or certified by a number of public and private agencies at the state and federal levels, including the California Department of Public Health (CDPH) Licensing and Certification Program (L&C) and the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS). These agencies have separate -- yet sometimes overlapping -- jurisdictions.

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- L&C is responsible for ensuring health care facilities comply with state laws and regulations that impact patient and personnel safety.
- L&C cooperates with CMS to ensure that facilities accepting Medicare and Medicaid payments meet federal requirements.
- L&C oversees the certification of nurse assistants, home health aides, hemodialysis technicians, and the licensing of nursing home administrators.

**DURING A DISASTER**

- Assist facilities with identifying alternate facilities for appropriate evacuation placement (when requested by the County)
- Grant regulatory flexibility within State authority or request flexibility from CMS
  - NOTE: L&C has no authority to provide State suspensions or Federal waivers
    - State Suspensions: Require Governor's Executive Order. Suspends specific sections of state law/regulations. Available only during the most catastrophic incidents.
    - Federal Waivers (Section 1135): Require Secretary of the US Department of Health and Human Services approval. Reduce regulatory barriers to efficient disaster response. Available only for specific geographic regions.
- During an evacuation of a healthcare facility, the local L&C office needs to be notified.
  - In Los Angeles County, L&C functions are contracted to the Los Angeles County Department of Public Health, Health Facilities Inspection Division. All notifications should be made to 800-228-1019.
  - For the four Los Angeles County Department of Health Services General Acute Care Hospitals the L&C function is performed by the Orange County District Office. All notifications should be made to 800-228-5234.
- Inspect healthcare facilities before re-population

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## **Key Contacts**

In addition to the key contacts identified below, your plan should include contact information for your own local agencies:

- Police (nearest station)
- Fire (nearest station)
- Emergency management (may be a city department, city hall, or a part of police or fire)
- Utilities: water, power, telecommunications
- Transportation (public and private): ambulances, busses or shuttles
- Disaster Resource Center Umbrella facilities (hospitals, clinics, skilled nursing, etc.) - Refer to your Regional Response Plan
- If you rent space: property management or landlord
- If you rent space to others: contact information for your tenants

## **Government**

### **Los Angeles County Department of Health Services Emergency Medical Services (EMS) Agency**

- 24/7 Medical Alert Center (MAC): 866-940-4401
- <http://ems.dhs.lacounty.gov/>
- Duty Officer: [laemsdutyofficer@dhs.lacounty.gov](mailto:laemsdutyofficer@dhs.lacounty.gov)

### **Los Angeles County Department of Public Health**

- Emergency Preparedness and Response Program (EPRP) 24/7: 213-989-7140
- Biological Incident Reporting to Acute Communicable Disease Control (ACDC): 213-240-7941
- <http://publichealth.lacounty.gov/eprp/index.htm>

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**Planning Checklist**

Planning considerations are provided to assist healthcare facilities in developing their plans and procedures to ensure that patients/residents, visitors, and personnel are safely sheltered in place or evacuated to safety. This guidance is not intended to provide all of the details or resources necessary for facilities to develop their plans, nor is it necessary to address every item that is identified in the checklist. This checklist provides general direction and highlights areas that are not often found detailed in plans but should be discussed at your facility.

Each facility should assess and address the considerations that are essential for a successful evacuation or shelter in place response, and incorporate these into their plans.

A listing of online resources is included at the end of Part I, which identifies documents that offer more details.

*Adapted from the CAHF Long-Term Care Facility Evacuation: Planning Considerations; CHA Hospital Evacuation Plan Checklist; CHA Hospital Shelter in Place Planning Checklist; CHA Hospital Repopulation After Evacuation Checklist; HICS Incident Planning Guide for Evacuation; San Joaquin County Long Term Care Facility Evacuation Plan*

PLAN ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
<b>PLAN ACTIVATION AND NOTIFICATION</b>		
Based on your HVA, identify threats that may require a shelter in place or an evacuation response		
Criteria or triggers and a rapid decision making process to determine the need to activate the SIP or evacuation plan		
Do you need a decision tree or matrix that would help in the decision to activate?		
Policy defining who has authority to order SIP		
Policy defining who has authority to order voluntary evacuation		
Policy defining who has authority to order involuntary evacuation - what governmental agencies would provide this direction		
If they feel they are unsafe, can a department or any personnel member begin to shelter in place or evacuate without instruction from leadership or the incident management team?		
Different types of evacuation are defined: --- Immediate vs. delayed ---Vertical, horizontal, total		

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PLAN ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
Describe phases of implementation (e.g., personnel notification, accessing available resources and equipment, preparation of patients and patient supplies and equipment, etc.)		
Procedures to notify and activate the incident management team		
Personnel alert and notification procedure for when the SIP or evacuation plan is activated		
Notification procedure for when a department or personnel member initiates SIP on their own		
<b>COMMUNITY RESPONSE PARTNERS</b>		
Do you have a key contacts list?		
Who are your community response partners and how do you contact them - landline phone, mobile phone, radio, email, satellite radio/phone, etc		
Procedures for the alert and notification of community response partners: ---Other healthcare facilities ---LA County EMS Agency / CICALAC ---Licensing & Certification ---Local fire and police departments ---Transportation agencies ---Private businesses		
Which community response partners can help you in an evacuation?		
Who can help with the movement of patients/residents within your building?		
Who can help you with transporting patients to another facility?		
Which community response partners might be able to take your patients/residents? Have you already talked to them about this? Do you have an agreement established?		
Do you have the Licensing and Certification on your notification list? At your facility, whose responsibility is it to call them?		
If renting, notify property management or landlord		
Notify other tenants in your building that you are SIP or evacuating		
If you rent space to others, how do you notify them? Do they have plans in place to shelter or evacuate?		

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PLAN ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
If you are located in close proximity to other businesses (healthcare or otherwise), do you need to notify them as well? Might they be impacted by the same incident?		
<b>INCIDENT MANAGEMENT TEAM</b>		
What are the key positions in the Incident Command System that your facility will need to manage its response?		
Have they reviewed the evacuation and shelter in place plans for your facility?		
Have they had any training or exercises on evacuation and sheltering?		
<b>COMMAND CENTER</b>		
Where will your Incident Management Team (IMT) gather? Do you have a pre-identified Command Center?		
What if that Command Center is not available, do you have an alternate site identified? Does the alternate site have resources in it? What if you need to gather outside the facility - do you have pre-identified location?		
Procedures to activate Command Center. If not possible due to circumstances, identify alternate incident management procedures.		
Command Center supplies ('go' box) that is stored outside of the facility		
<b>DEPARTMENT RESPONSIBILITIES</b>		
Is each department responsible for the shelter in place or evacuation of its patients/residents and visitors?		
Does each department have its own plan?		
Does each department have their own leadership succession plan?		
Does each department have their own leadership communication plan?		
<b>INCIDENT MANAGEMENT</b>		
Are plans, procedures, and protocols readily accessible by your IMT?		
Are plans, procedures, and protocols readily accessible by department personnel?		
Are maps included in your plan?		
Do you use the HICS Evacuation Incident Response Guide?		
At what point do you determine that you will need to transport patients/residents? What will be your trigger? Lack of supplies, lack of personnel, lack of power, etc?		

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PLAN ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
If you are sheltering or evacuating due to a law enforcement situation, who maintains control over the incident? How much authority will your facility maintain?		
Process to ensure accurate and continuous documentation		
What resources do you need for documentation: paper, forms, pens, computers?		
Process for accurate expense and revenue loss tracking		
Establish what type of payment arrangement you will use with the receiving facilities		
Establish what type of payment arrangement you will use with the transportation agencies		
Process for securing animal research areas		
<b>COMMUNICATIONS</b>		
How will the Incident Management Team (IMT) communicate with the affected area that is sheltering in place or evacuating to receive and send updates on the situation, advise if there are changes in normal procedures, etc?		
Procedures to maintain communication with the whole facility to keep them updated on the incident		
What are the communications devices that will be used? radios, mobile phones, satellite phones, runners, etc		
If sheltering, how will communication take place? Will each department or refuge area have a radio or will you rely on telephone?		
If outside, how will communication take place? Will each department or assembly point have a radio? How many radios do you need? How will these radios be deployed? Do personnel know how to use them?		
Procedures to maintain communication with community response partners		
If you evacuate, how will you access ReddiNet or other computer/internet-based systems?		
Plan for regularly providing information and updates to the media		
Identify alternate site for the media center		
<b>STAFFING</b>		
What are key personnel roles during shelter in place ?		
What are key personnel roles during evacuation?		
Have personnel been trained or exercised on these responsibilities		

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PLAN ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
Do you have a policy that states that you expect personnel to stay to respond to the incident until the incident has been cleared?		
What if personnel leave without authorization?		
Does each department have enough personnel to evacuate its patients or residents?		
Will some departments be delayed in evacuating until the IMT can re-assign personnel to assist?		
Do you have a way to track personnel?		
During an evacuation, will you establish a labor pool?		
Do you have pre-designated location for the labor pool?		
Are the Labor Pool's functions during an evacuation pre-identified?		
Should your Human Resources department's Assembly Point be the Labor Pool area?		
What resources would they need to bring with them? Are there cached resources outside of the facility?		
How will other departments know where the Labor Pool is? How will you notify/communicate with other departments that you need extra staffing?		
Supplemental staffing plan through call-backs or requesting from other resources. What if landline phone are not available?		
Process to re-assign personnel		
Protocols for accepting and orienting personnel and volunteers from other facilities to assist with evacuation		
If the incident is ongoing (or even if it has been cleared), how will you inform off-duty personnel of their instructions to report for duty or provide incident updates?		
Do you have hardcopy lists of personnel emergency telephone contacts in case they need to be notified of the evacuation / situation? Where are these lists located, and who is responsible for maintaining them and bringing them during an evacuation?		
Procedures for personnel family notification		
<b>POPULATION - How many people are you responsible for?</b>		
At your peak time, how many patients/residents, visitors, and personnel do you have?		
How does time of day or day of week affect these numbers?		

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PLAN ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
How does your plan address having less personnel to perform a shelter in place or evacuation?		
How many of your population (including patients/residents, visitors, and personnel) are non-ambulatory?		
At a given time, how many normally ambulatory patients are incapacitated due to being mid-procedure, having their eyes dilated, etc?		
How many of your personnel who may not normally need assistance will need extra assistance to evacuate? How will you ensure that these personnel members receive assistance? How many personnel have limited mobility or are non-ambulatory? What about personnel that are hearing, visually or cognitively impaired? Do you have any personnel with service animals?		
Based on your population and the resources they need to evacuate, can you prioritize/sequence which departments are evacuated?		
<b>SHELTERING IN PLACE</b>		
Describe how communication will be maintained, and documented, for personnel and outside resources		
Diagrams or maps of refuge areas throughout campus (e.g., areas that have shelter in place resources cached)		
Procedures to assess and implement the need for shutting down HVAC, particularly if there is limited movement available within the facility		
Procedures to assess and implement the need for sealing the facility (for example, sealing vents, doors and windows with tape and plastic)		
Departments have pre-identified essential activities to occur in the safe refuge areas		
Does each department or station have a cache of disaster supplies including those for sheltering in place?		
Procedures to assess and implement the need for the movement of patients/residents, personnel and visitors to SIP/safe locations		
Designate safe refuge locations and routing options within the facility		
Procedures for providing supplies, equipment, pharmaceuticals, water and food to SIP/safe location(s)		

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PLAN ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
<b>PARTIAL EVACUATION – RELOCATION WITHIN THE FACILITY</b>		
Does each department or station have a cache of disaster supplies? Do these include items to move patients - relocation within the building or to evacuate out?		
Designated evacuation location and routing options within the facility such as pre-identified care areas that match the evacuating care area, waiting areas, auditorium, etc.		
Can you match services provided to ensure continuity of care?		
Are there pre-identified primary and secondary routes for in-house movement?		
Are your smoke or fire compartments labeled?		
Can some stairwells be designated for certain types of patients/residents? Can a stairwell be designated as an up stairwell for personnel/emergency responders to go back up to evacuate more people?		
Procedures and equipment for multiple methods and equipment for evacuating patients (e.g., chairs, stretchers, SKED-type devices, blanket drag, multiple person carry, and/or single person carry)		
Identify and provide special equipment that may be needed during an evacuation (e.g., flashlights, headlamps, light sticks, etc.)		
Do you have a system to notify departments that other departments are relocating to them?		
Describe how communication will be maintained, and documented, for personnel and outside resources		
<b>TOTAL/COMPLETE EVACUATION</b>		
Identify evacuation priorities by department, floor, service, patient acuity, or resources required (staffing, equipment, or time) for evacuation		
Identify evacuation pathways – elevators, stairwells, exterior corridors		
Can some stairwells be designated for certain types of patients/residents? Can a stairwell be designated as an up stairwell for personnel/emergency responders to go back up to evacuate more people?		
Procedures and equipment for multiple methods and equipment for evacuating patients (e.g., chairs, stretchers, SKED-type devices, blanket drag, multiple person carry, and/or single person carry)		

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PLAN ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
How much of your personnel have trained on the use of the evacuation equipment? If they need to use it for the first time, is it easy to use?		
Can you use your evacuation equipment to move people horizontally, vertically up, and vertically down?		
Identify and provide special equipment that may be needed during an evacuation (e.g., flashlights, headlamps, light sticks, etc.)		
Do you have readily available evacuation instructions with diagrams, such as for blanket drag, multiple person carry, and/or single person carry		
How will personnel mark or designate that an area has been evacuated?		
How will personnel mark or designate patients/residents that need extra assistance after the rest of the area has evacuated?		
Do you have plans or have exercised vertical evacuation upward?		
If you need to evacuate from the roof, how many of your stairwells have roof access?		
Can a helicopter land on the roof?		
Evacuation is a strenuous activity. Do you have employee health personnel that can monitor personnel during or after to ensure personnel safety for ergonomics and other health problems (e.g., an asthma attack)?		
<b>ASSEMBLY OR COLLECTION POINTS</b>		
Are safe refuge areas pre-identified within your facility?		
Do you have shelter in place resources stored in the safe refuge?		
Are your external assembly points pre-identified and labeled with signage so that departments know where to go?		
Do you have diagrams or maps of assembly points throughout campus?		
Have your departments identified what activities they will need to conduct at the assembly point - clinical and non-clinical?		
What resources will departments need? Will they need to bring these resources with them?		
If personnel need supplies, how will they make this request?		



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PLAN ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
Does your facility have an external cache of resources outside the building? What are these resources - food, water, chairs, tents, medical supplies, generators, radios?		
How will these resources be deployed?		
Describe how communication will be maintained, and documented, for personnel and outside resources		
Process to search the evacuated building(s) to ensure that everyone has evacuated		
Establish a first aid station with basic medical supplies		
<b>MAINTAINING PATIENT CARE</b>		
Procedures to maintain continuity of care if the usual equipment is not available during the sheltering process		
Department planning consideration: patients that are mid-procedure, how quickly can they be moved to a safe area or evacuated? What would be needed to stabilize them?		
Procedure and resources for sheltering patients in surgery		
Procedure and resources to evacuate patients in surgery		
Who has the authority to determine when a patient in surgery is stable enough to evacuate?		
Do your operating rooms have overhead paging and can hear when a disaster code is paged?		
What supplies or equipment would be needed to safely move a patient that was mid-surgery? How would these patients be moved down stairs? Because these patients may take longer to evacuate, are they lower on the priority list when doing an emergent evacuation?		
Procedure and resources to sheltering ICU patients		
Procedure and resources to evacuate ICU patients		
For patients/residents that are on biomedical equipment, how do you move this equipment with the patient whether sheltering in a safe refuge or evacuating?		
Can any of the biomedical equipment be disconnected during movement, and then reconnected at the refuge or assembly point?		
Procedures to provide power to electrical equipment		
Procedures on how equipment identified as necessary to provide continuity of care can be moved with the patient, how you will identify and track patient's own equipment, (e.g., beds, wheelchairs, ventilators, etc)		

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PLAN ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
If biomedical equipment have battery back-up, how long does it last? How will you get emergency power to these patients/residents?		
Because these patients with biomedical equipment may take longer to evacuate, are they lower on the priority list when doing an emergent evacuation?		
Will you let mothers/fathers/family members carry their infant during relocation or evacuation? Or will nurses/healthcare professionals be responsible for carrying the infant patient?		
How will you ensure that infants and children stay with their parents or are matched up at the assembly point?		
Movement and evacuation procedures to evacuate infants and small children		
Do you have specialized infant carriers?		
Movement and evacuation procedures and equipment for specialized patients - those that require airway management, back and neck support, etc.		
How will you ensure continuity of care for patients once they have been evacuated? Do you have a cache of medical supplies that can be deployed to assembly points?		
How will you ensure continuity of care if the usual equipment is not available during the evacuation process		
Upon relocation or evacuation, how will you document medical interventions?		
Do you prioritize moving behavioral health patients/residents first or last?		
Do you need to separate behavioral health patients/residents from the other evacuees and keep them all together?		
Process to assess isolation needs and resources available to maintain isolation precautions for the safety of personnel and patients, including communication of need for precautions above Standard Precautions		
Procedures to document clinical information, particularly for long sheltering operations		

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PLAN ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
If it is a community incident, you may receive walk in patients or patients/personnel/visitors in your facility may have injuries as a result of the incident. Do you have staffing and supplies to establish a triage and patient care area?		
<b>PATIENT / RESIDENT TRANSFER</b>		
How will you determine how many patients/residents need to be transported?		
What is your priority / sequence to transfer - who makes this decision?		
What are your procedures to rapidly identify if beds are available at other facilities		
Who are the healthcare facilities in your area that can receive your evacuees? Can you divvy them up so that one facility is not overwhelmed?		
Do you have sister facilities that can assist?		
Who will you contact if you cannot find beds?		
Identify/reference any written documentation that confirms the commitment of these facilities		
Procedure to identify evacuee transportation resources		
List and numbers of patients by type and/or transportation resources needed (buses, vans, ALS / BLS ambulances, ambulettes, trucks, wheelchair vans, etc.)		
Can your usual transportation providers move your evacuees? Are they limited in the acuity of patients/residents?		
How do you find more options for transportation? Do you have these pre-identified?		
Describe the process for contacting EMS to request and to coordinate transportation needs/resources with patient needs (i.e., acuity level, wheelchairs, life support, bariatric)		
Do you have a staging area designated for patients/residents waiting for transportation?		
Is your staging area organized by order of evacuation?		
Identify if and which personnel need to transfer with evacuees		
Identify the resources necessary to address evacuee needs during transport		
What resources will need to accompany patients and personnel - medications, medical supplies?		

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PLAN ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
If travel time will be lengthy to the receiving care site, how will personnel handle the need for restroom / human waste collection and disposal? Will there be supplies provided?		
Identify pre-designated areas to congregate patients / residents according to predetermined criteria (i.e., event, acuity, mobility levels)		
<b>PATIENT / RESIDENT TRANSFER - MEDICAL RECORDS</b>		
How do you ensure HIPAA standards are maintained?		
Process to facilitate transfer of individual information, medications, and valuables		
If you use electronic medical records and you can't access them, what information will you send? Are there downtime procedures that can be implemented?		
If you use paper medical records, will you send the entire record with the patient/resident?		
Establish protocols for sharing special needs information, as appropriate, with personnel participating in the evacuation, including transport agencies, receiving facilities, alternative care sites, shelters and others involved in evacuee care		
Identify protocol for linking and reuniting evacuee and personal possessions not taken during evacuation		
Procedures for rapid family notification		
<b>PATIENT / RESIDENT TRANSFER - IDENTIFICATION</b>		
Provide evacuees with standardized visual identifiers, such as a color-coded wristband or evacuation tag, to help personnel rapidly identify special needs for high risk conditions that, if not easily identified, could lead to injury or death of an evacuee		
<b>PATIENT / RESIDENT TRANSFER - TRACKING</b>		
Do you have a process for patient/resident tracking system for ambulatory patients and non-ambulatory patients?		
Do you have a process for patient/resident tracking to monitor where they next receive care after leaving your facility? Will this process help in repatriating patients?		
<b>SECURING THE FACILITY</b>		
Define procedures for securing the facility and perimeter		
Process to maintain general and high risk area facility security		
Process to control access and movement in and between facilities		

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PLAN ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
Who will be authorized to re-enter buildings after they have been evacuated? Will you send personnel back in to assist other departments to evacuate? How will you know they have been approved to re-enter?		
Plan to maintain traffic control on campus		
Describe procedures for security and/or management of controlled substances		
Describe procedures for securing utilities, including shutting down/controlling gas, medical gases, water and electricity as appropriate to event (potentially shutting down or activating generators); consideration should be given to potential impact on equipment and systems and potential for spoilage of food and pharmaceuticals.		
Process to secure diagnostic radiology areas / medications / isotopes		
How will you determine if (and which) personnel will remain at the facility to conduct repairs, etc, while the rest of the building is empty?		
Describe the coordination with local public safety		
<b>RECOVERY - FACILITY RE-OPENING AND PERSONNEL REPATRIATION</b>		
Facilities are determined to be structurally sound and safe, and systems are not compromised, for occupancy. If not safe, may require repairs/retrofits/replacements that need to be approved by OSHPD, fire marshal and L&C.		
If you rent your space, how do you get the all clear that you can move back in?		
What are your procedures for restoration and testing of infrastructure – water, electricity, HVAC, medical gases? Will you need to hire contractors to assist with this process?		
All items within the facility that can be affected by spoilage due to loss of power and/or high temperatures are tested and repaired/replaced/quarantined, as needed (e.g., food, medications, radioactive supplies and equipment, computerized diagnostics, etc.).		
Procedures to assess the status of equipment, and conduct maintenance, if necessary		
Procedures to assess the need for and implementing cleaning and decontamination		

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Do you have a checklist to assure that you have certification by local authorities (i.e., L&C, OSHPD, local fire marshal, State Pharmacy Board, LAC Dept of Public Health, etc) to reoccupy the facility?		
Essential functions and supplies/supply chains (pharmacy, supplies, laundry, etc.) are reestablished		
How do you prioritize which departments and personnel to bring back? Do you reestablish and open up all departments at the same time?		
How will you notify other healthcare facilities, LAC EMS Agency, L&C, media, patient families, etc, that you are reopening? How will you inform them that you are open for business, and that your facility is safe?		
Procedures to assess the need for and implement personnel counseling		
<b>RECOVERY - PATIENT REPATRIATION</b>		
Procedures for patient/resident health assessment, especially after sheltering in place or internal relocation		
Will all of your patients/residents come back to your facility? How will you inform them that you are open for business, and that your facility is safe?		
If you offer walk-in services, do you need to advertise that you are now open?		
How will you coordinate patient transportation with the sending hospital/healthcare facility?		
Will you be able to amend the medical record that you already had for that patient with any new information from the sending facility? Will you need to have a process to transcribe these notes? Will you need to re-register these patients?		
<b>RECOVERY - FINANCIAL</b>		
How will you bill for your patient's care properly?		
The facility that took in your patient/resident and then returned them to you, will they bill you for their services?		
What rates do you use to determine the bill? How many of your patients are on Medicare or Medi-Cal?		
Will you need to negotiate rates with the receiving facility? Is this something you can do prior to an incident?		
Do you know your insurance providers policies on billing during an emergency?		

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How will transportation costs be paid for? Is it billable to the patient's / resident's insurance? Is it covered under an existing agreement the facility has with the ambulance / transportation company? Or will the County cover the cost under its overflow contract with ambulance providers?		
How will you compensate personnel that transported with patients/residents or were relocated to alternate care sites?		
Will you compensate personnel if the facility is closed and there is no work for them?		
How will you have equipment or surplus supplies returned to you that may have transported with evacuated patients/residents?		
What type of documentation do you need for your insurance provider? Do you need documentation other than invoices, purchase orders, etc, such as photographs or official government reports on the incident?		

## Web Resources

**Evacuation Plans and Procedures.** OSHA. [www.osha.gov/SLTC/etools/evacuation/evac.html](http://www.osha.gov/SLTC/etools/evacuation/evac.html)

### **Evacuation - Hospitals**

**Hospital Evacuation Policy, Reference No 1112 from the Prehospital Care Policy Manual of the Los Angeles County Emergency Medical Services Agency.**

<http://ems.dhs.lacounty.gov/policies/Ref1100/Ref1100.htm>

**Hospital Evacuation Plan Checklist. California Hospital Association, October 2010.**

<http://www.calhospitalprepare.org/category/content-area/planning-topics/evacuation>

Provides guidance in the development or update of a hospital evacuation plan containing detailed information, instructions, and procedures that can be engaged in any emergency situation necessitating either full or partial hospital evacuation, as well as sheltering in place.

**Hospital Evacuation Decision Guide. AHRQ, May**

**2010.**<http://archive.ahrq.gov/prep/hospevacguide/>

Provides organized and systematic guidance on how to consider the many factors that bear on the decision to order an evacuation, and assist in identifying some of the special situations that may exist in their facility or geographic area that could affect the decision to evacuate.

- **Illustrative Hospital Evacuations: Type of Disaster and Ultimate Reason for Evacuation** (real incidents): <http://archive.ahrq.gov/prep/hospevacguide/hospevactab2.htm>
- **Advanced Warning Event Evacuation Decisions:**  
<http://archive.ahrq.gov/prep/hospevacguide/hospevacfig1.htm>
- **No Advanced Warning Evacuation Decisions:**  
<http://archive.ahrq.gov/prep/hospevacguide/hospevacfig2.htm>

**HICS Incident Planning Guide and Incident Response Guide for Evacuation, Complete or Partial Facility** (Scenario 02). Available in PDF or Word. [www.emsa.ca.gov/HICS/internal.asp](http://www.emsa.ca.gov/HICS/internal.asp)

**HICS Form 255 Master Patient Evacuation Tracking Form**

**HICS Form 260 Patient Evacuation Tracking Form**

Available in PDF or Word. <http://www.emsa.ca.gov/HICS/forms.asp>

**Emergency Sheltering, Relocation, and Evacuation for Healthcare Facilities Template.**

**Minnesota Department of Health, May 2011.**

<http://www.health.state.mn.us/oep/healthcare/flood.html>

**Neonatal Intensive Care Unit (NICU) Evacuation Guide. Illinois Emergency Medical Services for Children, February 2009.** [http://www.luhs.org/depts/emsc/NICU\\_evac\\_guidelines.pdf](http://www.luhs.org/depts/emsc/NICU_evac_guidelines.pdf)

A guide to assist NICU professionals and emergency planners in their planning and preparation for evacuations. Includes NICU Disaster Supply List and NICU-related Job Action Sheets



## Evacuation – Long Term Care

### **Long-Term Care Facility Evacuation: Planning Considerations. CAHF.**

[http://www.cahfdownload.com/cahf/dpp/LTC\\_FacilityEvacuationsPlanningConsiderations.pdf](http://www.cahfdownload.com/cahf/dpp/LTC_FacilityEvacuationsPlanningConsiderations.pdf)

**Long Term Care Facility Evacuation Resident Assessment Form for Transport and Destination. CAHF.** [http://www.cahfdownload.com/cahf/dpp/CAHF-EvacDestination\\_TransportEvalForm-ShelterMedGrp.pdf](http://www.cahfdownload.com/cahf/dpp/CAHF-EvacDestination_TransportEvalForm-ShelterMedGrp.pdf)

### **National Criteria for Evacuation Decision-Making in Nursing Homes. Florida Health Care Education and Development Foundation, 2008.**

<http://www.fhca.org/images/uploads/NationalCriteriaforEvacuationDecision-Making2008.pdf>

### **Long Term Care Medical Records in an Evacuation Guidance from CDPH. Jan 14,2011.**

<http://cahfdisasterprep.com/PreparednessTopics/EvacuationPlanning/ResourcesPositivePractices.aspx>

### **San Joaquin County Long Term Care Facility Evacuation Plan (a collection of Checklists).**

November 01, 2007. <http://www.cahfdownload.com/cahf/dpp/LTCF-EvacPlanAllForms.pdf>

## Evacuation – Clinics

### **Clinic Evacuation Plan Template. CPCA / Alameda Health Consortium, 2009.**

<http://cpca.org/cpca/assets/File/Emergency-Preparedness/Resources/2009-DEC-EvacTemplateIIAHC-Clinics.pdf>

**Clinic Evacuation Equipment Suggestions. CPCA / Alameda Health Consortium Workgroup, 2009.** <http://cpca.org/cpca/assets/File/Emergency-Preparedness/Resources/2009-Clinic-Evac-Equipment-Suggestions.pdf>

### **Community Health Center Emergency Evacuation Procedure Template. Community Health Care Association of New York State, 2008.**

[http://www.chcanys.org/clientuploads/downloads/ep\\_misc/CHC\\_Evacuation\\_Policy\\_2008.pdf](http://www.chcanys.org/clientuploads/downloads/ep_misc/CHC_Evacuation_Policy_2008.pdf)

## Shelter in Place

### **Hospital Shelter In Place Planning Checklist. California Hospital Association, May 2011.**

<http://www.calhospitalprepare.org/category/content-area/planning-topics/evacuation>  
Includes a Shelter-In-Place (SIP) Planning Checklist tool and a decision-making algorithm for SIP and evacuation activation.

### **San Joaquin County Long Term Care Facility Evacuation Plan (a collection of Checklists).**

November 01, 2007. <http://www.cahfdownload.com/cahf/dpp/LTCF-EvacPlanAllForms.pdf>

## **Recovery / Repatriation / Repopulation**

**Hospital Repopulation after Evacuation Guidelines and Checklist. California Hospital Association, October 2010.** <http://www.calhospitalprepare.org/Repopulation>

**Hospital Assessment and Recovery Guide. AHRQ, May 2010.**

<http://archive.ahrq.gov/prep/hosprecovery/>

To help organize the initial assessment of a hospital upon return after an evacuation/closure due to an emergency event.

**Family Information Center Planning Guide. Los Angeles County Emergency Medical Services Agency, February 2007.** <http://ems.dhs.lacounty.gov/ManualsProtocols/Manuals.htm>

It may be necessary to establish a family information center to notify and respond to queries from family members regarding the status and location of patients who have been evacuated. A similar center can be using for personnel families.

## **Articles about Real Evacuation Incidents**

*Firestorm 2007: A Portrait of a Hospital's Response* by Gerilyn Herold, RN, MSN. Nurse Week, Dec 17, 2007. <http://news.nurse.com/apps/pbcs.dll/article?AID=2007712170325>  
Community evacuations led to surge of those seeking care and shelter at the hospital.

*Unthinkable: In its 58-year history, Feather River Hospital had never been forced to evacuate. Then came the wildfires of July 2008* by Melissa Barnard. NFPA Journal, January/February 2011.

## Acknowledgements

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### KEY RESOURCES

Many documents were reviewed to develop this guidance; the following provided substantial information.

**California Association of Health Facilities:** Long-Term Care Facility Evacuation: Planning Considerations

**California Hospital Association:** Hospital Evacuation Plan Checklist, October 2010; Hospital Repopulation after Evacuation Guidelines and Checklist, October 2010; and Hospital Shelter In Place Planning Checklist, May 2011

**Minnesota Department of Health:** Emergency Sheltering, Relocation, and Evacuation for Healthcare Facilities Template, May 2011

**San Joaquin County EMS Agency:** Long Term Care Facility Evacuation Plan, April 2009

**Los Angeles County Emergency Medical Services Agency  
Evacuation and Shelter in Place Guidance for Healthcare Facilities**

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