

Evacuation Planning & Principles

Evac1-2-3® For Use On Patient Care Units



After Action Report / Improvement Plan

EVAC Subgroup & HPP Program

MDPH Region 4A/B Hospital Coalition



Beth Israel Lahey Health →
Beth Israel Deaconess Milton

Beth Israel Lahey Health →
Mount Auburn Hospital

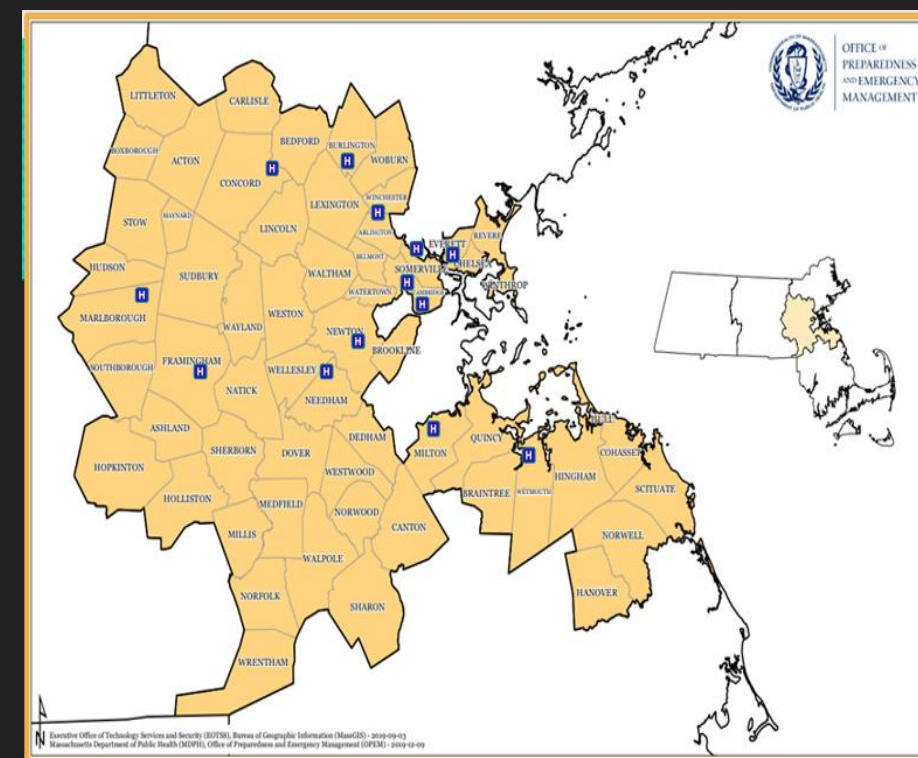
Beth Israel Lahey Health →
Beth Israel Deaconess Needham

Beth Israel Lahey Health →
Winchester Hospital

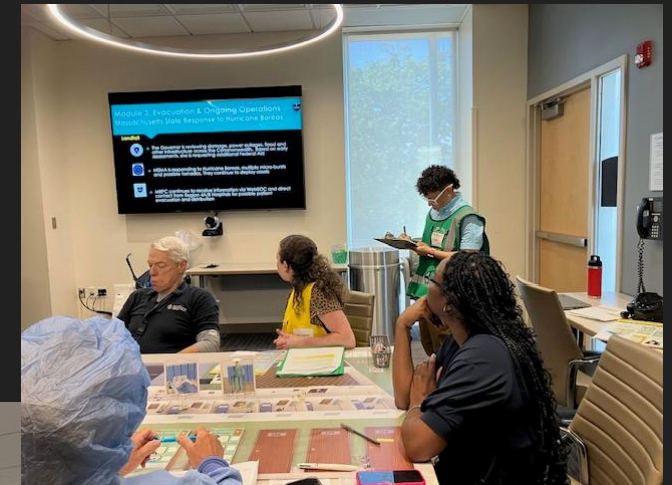
Beth Israel Lahey Health →
Lahey Hospital & Medical Center



Cambridge Hospital
Everett Hospital
Somerville Campus



Region 4A/B Hospital Preparedness Program Lecture and Exercise/Simulation Series - 2025



EVAC 1-2-3® System & Supplies

MRPC Region 4A/B Hospital Coalition





Purpose & Scope

Scope:

- Identify and summarize events that may lead to a Health Care Facility (HCF) evacuation
- Describe how a HCF operates under the Hospital Incident Command (IC) and Unified Command (UC) Systems
- Increase Staff's understanding and comfort level of HCF evacuation procedures for: ambulatory, non-ambulatory patients, visitors, and hospital personnel
- Identify how the EVAC 1-2-3® *tools*, available to Region 4A/B Hospitals, can be used to facilitate a HCF evacuation

Purpose:

- Familiarize hospital staff with the tools purchased for MRPC Region 4A/B hospitals, EVAC 1-2-3®
- Provide an opportunity to utilize the *EVAC 1®* module when responding to events that could result in a Local/Facility evacuation
- Utilize feedback and lessons learned to enable the development of a Train- the-Trainer (T-t-T) EVAC 1® tool kit, that advances the standardization of EVAC 1-2-3® in Region 4A/B Hospitals

Overall

EVAC 1- 3 System:

1. All Staff can be easily educated on the use of Evacuation Tags and the system. Clinical knowledge provides better outcomes for triage and re-triage of patients on the unit and at assembly points. Focus on front line staff and EMPOWERING “Unit Leaders” is invaluable and was appreciated by nurses and department leaders attending.
 - Hands on training with TAGS is extremely valuable. * Evac tag video will be helpful – on line training
2. Tabletop System:
 - Guidance will be needed to use the system in an organized manner
 - Patient Cards are not optimal for all patient care areas - * collaborative regional planning / project
 - “Game board play” scenario / unit based events provide opportunity for critical thinking and action plans.
3. Staff and Leaders are willing to assist and champion the project in all hospitals. * Training manual and video will be helpful

Overall

Training Tools for Regional Planning

4. Unit Leader / Charge Nurse Job Action Sheet:



One hospital has a process / “Job action sheet” in place.

- ❑ HPP trial of tools to add to the hospital Evac Kits. Review at HPP meeting.

- Transfer Log - Provides downtime and report status
- Unit Job Action Sheet for Charge RN's / Unit Leaders
- Unit Leader Vest

5. Yearly Evacuation Module: 3 Hospitals had some type of on line module. PPT will standardize “awareness level” evacuation knowledge and provide an overview prior to completing other modules. Ability to edit for each hospital.

6. HPP group to Clarify Assemble Points / Holding Areas

 OFFICE OF PREPAREDNESS AND EMERGENCY MANAGEMENT  HARVARD SCHOOL OF PUBLIC HEALTH
Emergency Preparedness and Response Exercise Program

UNIT LEADER JOB ACTION SHEET

YOU REPORT TO AN EVACUATION COORDINATOR: Name: _____ Contact Number: _____

Your Evacuation Coordinator should brief you on the following:

- Time available to prepare for leaving the unit: _____
- Assembly Point Assignment (where to gather after leaving the building): _____
- Discharge Site Location: (where discharged patients wait for rides) _____
- Elevator Assignment: _____ Stairwell Assignment: _____
- Directions for Non-Unit Staff: Stay and help / Report back to home unit
- Sequence of Evacuation: _____
- Staff Recycling: (Can/should clinicians return to unit after leaving?) Yes / No
- Labor Pool: Directions for staff at home who can come in to help _____
- Family Support Center Phone Number: _____

You should notify your Evacuation Coordinator about the following:

- Any critical patients who will be at high risk if evacuated/moved
- Any physical damage or other immediate threats to the building/systems in your area

1. Find the Unit Evacuation Process Checklist. Review the document, then read this entire document before you begin. You will be responsible for completing the Checklist in its entirety.
2. Find the **Unit Leader** vest in the Evacuation Toolkit and put it on so you can be easily identified.
3. Gather all staff on the unit and communicate the following:
 - Amount of time available to prepare for transport, and how transport will occur
 - Location of the Assembly Point and the Discharge Site
 - The elevator and/or stair assignments for your unit
 - Whether non-unit staff should stay and help, or report back to their home departments
4. Assign staff to the roles below, and distribute the *Role Description Sheet* and nametag to each.
 - Assign an administrative assistant or coordinator to:
 - Print the medical record of the patient's current hospitalization (if electronic)
 - Print each patient's active orders
 - Print patient identification labels and label bags for packing of the patients' active medications
 - Deliver the printed orders and the patients' med sheets with the patients' charts to patient rooms
 - Assign an administrative assistant or coordinator to:
 - Man the phones and/or radio, fielding calls and responding appropriately
5. With staff, review the location and status of each patient and quickly record decisions on the *Tracking Log*. Be sure EVERY patient is accounted for, including those who are away from the unit temporarily for testing or other reasons.
 - Any patient who is off the unit will go straight to the Assembly Point and rejoin your unit there.
 - Fax/deliver copy of the tracking log (per instructions on form) so the process of identifying available beds at other receiver facility can begin.

Unit Evacuation Process Checklist
Region 4a/b Training Program

Complete all steps on this checklist upon receiving the order to evacuate or prepare to evacuate

MODULE 1

	Action
<input type="checkbox"/>	Senior nurse or appropriate designee assumes the role of the "Unit Leader." Read the Job Action Sheet in this toolkit. Seek briefing by the "Evacuation Coordinator" or other senior leadership. If communication is disrupted because of the emergency event, the unit should continue to prepare patients and staff for evacuation following the steps below. Put on Yellow Vest to identify yourself.
<input type="checkbox"/>	"Huddle" gather all staff to briefly discuss the situation – communicate the response and action plan (if known)
<input type="checkbox"/>	Delegate – assign jobs and provide guidance <ul style="list-style-type: none"><input type="checkbox"/> Clinical Team: Assess each patient's clinical status:<ul style="list-style-type: none">➢ Review and note mobility, acuity, and special needs for each patient➢ Review and minimize medications and clinical interventions – Plan for only those medications and interventions that will be essential until the patient is successfully evacuated and arrives at another hospital should be continued.<input type="checkbox"/> Assign Scribe: for the training the scribe will take notes and provide feedback to the team

Data / Program Success

- Program presented at 12 / 13 Hospitals. 12 sessions: 2 at SSH, 2/3 for CHA
- 281 Leaders / Frontline Personnel attended
- 47 Staff and Leaders willing to “champion” education

Self Reporting:

- The self-reported “experience & knowledge of Hospital evacuation” BEFORE the Training/TTX was: 27%
- The self-reported “experience & knowledge of Hospital evacuation” AFTER the Training/TTX was: 46%
- The self-reported “experience & knowledge of Hospital evacuation,” after participants completed the Training show a 70% increase in knowledge

Additional Data / Program Success

Part II: Training Design & Construct

1. What is your assessment of the training design and construct?

Please rate on a scale of 1-5, your over assessment of the training relative to the statements provided below with 1 indicating strong disagreement and 5 indicating strong agreement

Assessment Factor:

Rating of Satisfaction with the Training

Strongly
Disagree
1 2 3

Strongly
Agree
4 5

Response Avg.
From All
Sessions

a.	The training was well structured and organized	4.5
b.	The training scenario was plausible and realistic	4.4
c.	The materials used were valuable tools throughout the training.	4.6
d.	Participation among attendees was encouraged	4.7
e.	The participants included the right people in terms of level and mix of organizational positions	4.4

2. Did you know *Your Role* in an emergency evacuation before this training? 149 YES 30 NO 29
Unsure 4 N/A

3. Now, do you understand *Your Role* during an emergency evacuation? 207 YES - NO 6
Unsure 5 N/A

Additional Data / Program Success

Part 1: Recommendations and Action Steps

1. Based on the training today, list the top 3 items and/or areas that went well:

Prioritization of Pt. care
Role clarity
Hands-on training/filling out evac tags and tools
Working together
Kit Clip-board tags were excellent

2. Based on the training today, list the top 3 items and/or areas that need improvement:

Not Enough Time for Training (More time, too short...)
Patient length of stay
Use of Markers on Evac Tags
Patient Identifiers: Gender, DX expanded, descriptions
Keeping Accurate Info
Wards/Units w/out doors

3. Rate the noted areas for improvement by priority, High (H), Medium (M), Low (L):

4. Provide your suggestions for improving the current processes and gaps (in your area of responsibility):

Keeping accurate info
Ward/Units w/out doors
Additional training on Unit
Where is this information kept
TTX good way to learn
More specific to units, floors

Improvement Plan

- Role of the Evacuation Subgroup and HPP group to agree to an improvement plan.
- Suggestions provided.
 - Check kits / ensure correct quantity for each hospital
 - Position / Deploy kits – add suggested tools to the kits.
 - If funding available – purchase additional pedi version and additional tags to provide hands on training... ** other options
 - Collaboration of area champions to “build” Specialty care area patient cards.
- Ultimately: regional stakeholder (EMS / Fire....) workshop / tabletop adding the EVAC 2 and Evac 3 training.

4AB Toolkit and Training Programs Menu for Stand Alone Education and/or Train the Trainer

- Overview of the 2025 Region 4AB Hospital Program
- 2025 Lecture Series Education Program
 - 2025 Evacuation Planning and Principles
 - Narrated Video Overview: Region 4 A/B supplies and introduction to EVAC 1-2-3®
 - Stand Alone Power Point Presentation w/ notes
 - Evac-1 Tagging PowerPoint
 - EVAC-1® Tabletop Exercise/Simulation PowerPoint
- Manuals and Tools:
 - Train the Trainer Guidance Manual(PDF)
 - SitMan (PDF) as reference for Trainers during Exercise/Simulation
 - Job Action Sheet SAMPLE (pdf)
 - Census Form SAMPLE (pdf)
 - Game pieces/equipment (PDF)
 - Evaluations (blank pdf)
 - CEU Application SAMPLE (pdf)

Based on MRPC
Web Master
Meeting TBD

Thank you!

- Video's and toolkit in production – Available September
Meeting with MRPC Web Master for regional hospital use.
- Thank you for the opportunity to learn about our regions plan and jumpstart the use of our purchased equipment.

Acknowledgements



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