

HHS DOC Assisted Resident/Patient Evacuation

(Revised: 08/18/2023)

Purpose:

When an emergency occurs within a facility requiring evacuation of patients/residents from threatened or affected areas, our primary concern is the safety of lives involved. In the event of an emergency/threat, evacuations must be carried out as quickly as possible.

DEFINITIONS:

- Defend-in-Place – All routine activities are suspended in preparation for an impending threat. In the event of a no-notice event, residents/patients, staff, and visitors will remain where they are until they receive further instruction. Preparations should be taken to allow for immediate evacuation should the situation worsen.
- Horizontal Evacuation – Residents/patients who are in immediate danger are moved to an adjacent smoke compartment on the same floor and are not at immediate risk of the threat. Horizontal evacuations are generally the fastest option offering the simplest re-entry process.
- Vertical Evacuation – Residents/patients are evacuated from the affected floor completely. Moving residents/patients to a lower floor, if possible, helps to prepare for a total/full evacuation should the situation worsen. This is especially important in facilities occupying multiple levels. Adjacent levels may be places of defend-in-place during this type of evacuation.
- Full Evacuation – Residents/patients are completely evacuated from the facility to a previously identified safe location such as a temporary shelter. They may then be transferred from the hospital/facility to an outside area, to another hospital/facility, or an alternate healthcare facility.

- All residents/patients shall be evacuated due to:
 - Disruption or discontinuance of services
 - Disruption of services that causes damage to the facility or threatens safety and welfare of residents/patients and staff
 - Natural disaster of such magnitude or threat to threaten the safety and welfare of residents/patients and staff.

Responding to an Emergency in Your Facility:

In the event of an emergency or threat within your facility, there are steps you can take to provide the highest level of safety for your residents/patients and staff. NFPA requires the administration of every healthcare occupancy to have in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary.

1. Identify the emergency/threat.
2. Evaluate the level of severity of the emergency/threat.
3. Activate your emergency plans and contact emergency services.
4. Determine the appropriate level of evacuation based on the emergency/threat and take immediate action.
 - a. Consider environmental hazards when determining the appropriate level of evacuation such as current weather conditions.
5. Notify the North Dakota Department of Health, and Human Services (HHS) Department Operations Center (DOC) of the emergency/threat and the level of evacuation.

For an event with **notification in advance of the evacuation of residents/patients** there are procedures that can be completed in advance to ensure adequate tracking and safety of your residents/patients.

1. Call the HHS DOC at 701-328-0707 to notify them of your intentions to evacuate. Staff from HHS DOC will assist you with coordination of your evacuation.
2. Register all residents/patients from your facility in Health Care Standard (HC Standard).

- i. This state-wide system is used by the HHS DOC to coordinate and track evacuated residents/patients. If time permits, just-in-time training can be viewed at www.ndhelpd.org
3. Make sure you have a triage tag for each resident/patient in your facility.
 - i. Triage tags can be ordered at no charge from the State Medical Cache through HHS HAN Assets.
4. Assign a triage tag to each resident/patient.
5. Assign a bag or container to each resident/patient for packing small, required personal items such as medications, etc.
6. Identify and organize staff that will be assisting with the evacuation and traveling with residents/patients to the alternate location(s).
7. Assist HHS DOC with identification of a vehicle staging area where transportation assets and staff can gather to coordinate the evacuation.
 - i. The staging area should be close to your facility, but not close enough to cause congestion and confusion where residents/patients are being loaded. Share this location with HHS DOC. All transportation staff and vehicles should arrive at the staging area one to two hours prior to the evacuation start time.
8. The HHS DOC will contact other facilities within the state to determine how many residents/patients they can accommodate, based on the information you have provided to HHS DOC (See HHS DOC Evacuation Assistance Process below).
 - i. The HHS DOC will attempt to move your residents/patients to facilities that are within the shortest distance from your facility.
9. Organize residents/patients according to the routes/destination/transportation vehicles assigned.
10. Use HC Standard to enter the resident's/patient's assigned triage tag number and the transportation vehicle number they will be riding in. This information will be viewable by the receiving facility for that resident/patient.
11. Staff from your facility are expected to accompany residents/patients in the transport vehicles during evacuation transportation, if possible.
12. The receiving facility will identify the residents/patients they receive in HC Standard upon arrival.
13. Provide detailed information about each resident/patient being transferred to the receiving facility. Typically done by phone/video, this information exchange should take place prior to the residents/patients arriving at the receiving facility.

14. The HHS DOC will assist your facility with repatriation of your residents/patients when the NDHHS Health Facilities Unit has verified your facility is approved for operations.

For an event requiring **immediate evacuation due to a life-threatening event** i.e., fire:

1. As identified below, residents/patients are to defend in place or move to an adjacent smoke compartment, if needed.
2. Assign triage tags to residents.
3. Contact HHS DOC and notify them of your situation. Provide HHS DOC with resident/patient information (See 1a below). They will identify facilities, staff, and transportation resources to move your residents/patients to alternate care sites.
4. If possible, staff from your facility are expected to accompany residents/patients in the transport vehicles during evacuation transportation.
5. Provide detailed information about each resident/patient being transferred to the receiving facility. Typically done by phone/video, this information exchange should take place as soon as is possible after residents/patients are in a safe location.

The HHS DOC Evacuation Assistance:

Upon notification of an emergency/threat, the HHS DOC shall begin the following process. (The HHS DOC will be notified either by the facility calling 701-328-0707 or by State Radio.)

1. The facility will be asked to identify the type of emergency and note if a partial or total evacuation is being executed.
 - a. The HHS DOC will request the following information: (Do not delay HHS DOC notification or facility evacuation because you are waiting for this information).
 - i. Approximate number of residents/patients needing transport
(Resident/Patient Census)
 1. Please contact the HHS DOC and provide the following additional information as soon as it is available, if residents/patients are not pre-registered in HC Standard:
 - a. Number of ambulatory residents/patients
 - b. Number of wheelchair dependent residents/patients
 - c. Number of residents/patients needing ambulance transport

- d. Pre-identified short-term sheltering location (in the event that facility is fully incapable of remaining occupied at time of emergency ex. smoke compartment has been breached).
2. In the event of an extended displacement, the HHS DOC will assist with the transfer and placement of residents/patients to facilities with the ability to provide care based on staffing and bed availability.
 - a. The HHS DOC has Memorandums of Agreement in place with facilities statewide to provide transportation, staffing, and placement of residents/patients.
3. The HHS DOC will perform a bed availability request by use of the Health Alert Network (HAN) system. Results will be reported through Health Care (HC) Standard. Nonresponsive organizations will be contacted by phone.
4. The HHS DOC will request the required level of care for residents/patients and other needed information from the evacuated facility.
 - a. Residents/patients will be assigned to appropriate facilities based on bed availability meeting or exceeding the level of care that each resident/patient requires.
 - b. The HHS DOC will work closely with the HHS Health Facilities Unit during the placement transfer process. Any required waivers will be obtained as needed by the HHS DOC in conjunction with HHS Health Facilities.
5. The HHS DOC will obtain and dispatch appropriate transportation to the evacuated facility or temporary shelter location identified by the facility.
 - a. Residents/patients will be transported to the pre-assigned facility.
 - b. The HHS DOC will track residents/patients during the transportation process to ensure safe arrival.
6. The HHS DOC will keep all facilities apprised of information during the operation by the HHS DOC.
7. When deemed safe and with approval from the NDHHS Health Facilities Unit, the HHS DOC will assist with repatriation of evacuees.

Temporary Shelter Agreements:

It is encouraged that facilities pre-identify and develop agreements with local entities to house residents/patients temporarily in the event of an immediate facility evacuation. List all pre-

identified local entities that you have agreements with to utilize as a short-term shelter location. (Provide the shelter location name, address, and the type of location you plan to use).

Shelter Location Name	Temporary Shelter Address	Type Of Location <small>(Ex. Community Center, School, Church, etc.)</small>

(Please notify the HHS DOC of the chosen evacuation location at time of emergency).

_____ Please initial indicating your understanding of the HHS Department Operations Center assistance process.

Optional Evacuation Information Tracking Tool

This optional tool can be used at time of emergency to track the information that should be provided to the HHS DOC.

Please Indicate below the type of evacuation you are experiencing:

- Defend-in-Place
 Horizontal Evacuation
 Vertical Evacuation
 Full Evacuation

Please identify your total resident/patient census in the chart below:

Total Resident/Patient Census	
Ambulatory Residents/Patients:	
Wheelchair Dependent Residents/Patients:	
Residents/Patients Requiring Ambulance Transport:	

Please identify which location(s) will be used for short term displacement:

1. _____

2. _____

3. _____

The HHS DOC is available 24hrs a day, 7 days a week, and can be reached at 701-328-0707.