

# EVACUATION

<b>Initial Actions</b>	
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Activate the Emergency Transportation aspect of the EOP. (See Appendix B – Facility Evacuation and Maps)
<input type="checkbox"/>	Notify local authorities and representatives
<input type="checkbox"/>	<p>Assess:</p> <ul style="list-style-type: none"> <li>• Number and types of beds needed</li> <li>• Available staff to support transferred residents (call in additional staff if needed)</li> <li>• Potential transportation requirements based on the number of residents, medical needs and mobility status</li> <li>• Sheltering plans for residents and staff</li> <li>• Feeding plan</li> <li>• Medication plan</li> </ul>
<input type="checkbox"/>	<p>If residents need to be transferred to another facility, identify available beds by the following procedures:</p> <ul style="list-style-type: none"> <li>• Coordinate with other facilities who we have sheltering/transfer agreements with.</li> </ul>
<input type="checkbox"/>	Obtain transportation resources by contacting the contracted ambulance providers, rental truck company (U-Haul) for supplies, buses and etc.
<input type="checkbox"/>	<p>Prepare for evacuation:</p> <ul style="list-style-type: none"> <li>• Collect and package residents' equipment and medications</li> <li>• Collect and package residents' belongings for transport, including glasses, dentures, hearing aids, etc.</li> <li>• Prepare water and snacks to accompany residents during transport period</li> <li>• Prepare copy of medical chart to accompany resident</li> </ul>
<input type="checkbox"/>	If surrounding roads may be damaged, verify planned evacuation routes with the public safety agency.

**Initial Actions**

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| <input type="checkbox"/> | <p>Track residents to destinations and notify family members of evacuation and planned destination. If needed, additional tools and information on Evacuation are included in the following sections</p> <ul style="list-style-type: none"><li>• Facility Evacuation and Maps,</li><li>• Resident Evacuation Tracking Form see- Resident Evacuation Checklist,</li><li>• Sample Face Sheet, and Advanced Directives</li><li>• Long-Term Care Facility Evacuation Resident Assessment Form for Transport and Destination.</li></ul> |
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**EVACUATION STAGES FOR FACILITIES****STAGE 1: PRE-PLANNING**

As soon as feasible prior to the event preparation should begin for evacuation.

Preparation includes contacting sheltering facilities, calling family members of residents for possible pick up and/or advisement of evacuation movement.

A team meeting with all managers who play a role in the disaster plan should be held to gather information on the total number of patient transports and what type of transportation will be required.

Once this information is obtained the contracted ambulance company should be called and informed of the facilities need for buses/wheelchair vans/ambulances/stair chairs.

Each team should develop a schedule and notify all staff of the evacuation plan. A meeting should be held with each shift if possible to explain what is needed.

The team communicators should arrange for lodging and food for all meals and nights that the facility believes they will be evacuated. Lodging should be scheduled for at least 5 nights.

## **STAGE 2: COMMUNICATION AND TRANSPORT**

A date of departure should be received by the transportation company and this date/time should be communicated to all employees, residents, families, and vendors involved. Transportation should be confirmed for resident coach buses and for supply U-Haul trucks.

Maintenance should begin preparations to secure the facility for the storm including scheduling extra trash pickups. Housekeeping should ensure resident laundry items are available to be packed. Dietary should ensure all emergency supplies are ready to move and plan out snacks for the transport of residents. Dietary should reroute all food deliveries to the specified sheltering facilities. Central supply should reroute all supply deliveries to the proper sheltering facilities.

Pharmacy should be contacted to reroute medications. The medical director should be notified and a plan for emergency calls should be established.

## **STAGE 3: QA AND EDUCATION**

An additional meeting with the disaster plan staff should be held to problem solve and communicate what is needed. Any potential issues should be communicated to corporate and the sheltering facilities involved.

All staff will be re-educated on placement/roles/pick up location for wheelchair/ambulance residents.

## **STAGE 4: LOADING**

Patients and staff should be in place by the specified time for loading onto transportation vehicles. Some staff should be sent ahead of the coach bus/ambulance to provide care to the residents upon arrival and to assist with unloading.

Wheelchairs should be stored underneath the coach bus or on the coach bus and transported with the resident. All supplies and other equipment such as mattresses and lifts etc should be loaded onto U-Haul trucks. All things transported should be labeled with the correct color code per unit.

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## **Resident Evacuation Identification Wristbands**

1. **All residents will wear wristband during an evacuation.**
2. The wrist band will include the following general information:
  - a. Resident's full name/date of birth
  - b. Food/medication allergies (in red), or "No known allergies" (NKA)
  - c. Critical diagnoses (diabetic, epileptic, psychiatric diagnosis, etc.)
  - d. Facility name and contact number
  - e. Name of physician and name of responsible parties with contact numbers for each (on back or inside of band)
  - f. If resident has a "Do Not Resuscitate" (DNR), if applicable
3. **Select residents will use a second orange identification wristband to be worn on the same wrist as the one above.**
4. This second identification wristband will be used for identifying critical medical information.
5. The orange critical medical information band will include:
  - a. Resident's full name/date of birth
  - b. Facility name and contact number
  - c. If resident has either insulin dependent diabetes mellitus (IDDM) or Non Insulin Dependent Diabetes Mellitus (NIDDM)
  - d. If resident is using a thickener product or mechanically altered diet (e.g., puree, mechanical, soft, etc.)
  - e. Other special needs of resident (at risk for wandering, at risk for falls, at risk for skin breakdown, etc.)
6. The facility staff should initiate both bands during the routine admission process.
7. The bands should be placed in the residents' Emergency Packets.