A Plan Outline for Obstetric Services Evacuation

Institution

MMC
Draft 1
Approval Form

The plan described in this document has been approved by the following people:


Plan Revisions:

The Plan for Obstetric Services Evacuation at Institution should be reviewed and revised annually.

<table>
<thead>
<tr>
<th>Plan Version</th>
<th>Date Revised</th>
<th>Revised By</th>
<th>Approved By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Disclaimer

This Template Obstetric Services Evacuation Plan is intended to be used to create a hospital specific Obstetric Services evacuation plan. Once created this plan is only considered operational once it is tested through an exercise.

Plan Objectives:

1. Maintain emergency equipment needed to assist evacuation of the Obstetric Services.
2. Establish a chain of command for both urgent and non-urgent Obstetric Services evacuations.
3. Assign roles to ensure a controlled and safe evacuation.
4. Develop a plan for an urgent evacuation that cannot wait for the command center to come on line.
5. Establish designated areas for both vertical and horizontal evacuations.

Scope

The Obstetric Services Evacuation Plan for Institution is designed to respond to an immediate or non-immediate evacuation of Obstetric Services. Obstetric Services planning encompasses laboring women, postpartum women and well neonates and may involve multiple units including antepartum, labor and delivery, post-partum and the well-baby nursery. An evacuation can either be horizontal or vertical. A horizontal evacuation constitutes a partial evacuation where patients are moved within the hospital to an adjacent designated location on the floor out of imminent danger. A vertical evacuation is a total patient evacuation in which patients are evacuated to alternate floors above or below or out of the hospital building entirely. This evacuation plan addresses issues of patients both within and out of the hospital, supplies, staff, patient tracking, placement and family information.

The Obstetric Services Evacuation Plan is an integral part of the overall Emergency Operations Plan for Institution. It refers to events that require a hospital to evacuate its laboring women, postpartum women and well neonates and may involve multiple units including antepartum, labor and delivery, post-partum and the well-baby nursery. Events that could cause an evacuation include but are not limited to, fire or smoke conditions, loss of essential utilities with failure of backup systems, coastal storms, earthquakes and explosive events which can damage the structure and integrity of the building.
Risk Assessment: Incidents That Will Most Likely Require Evacuation:

- The Hazard Vulnerability Assessment (HVA) tool for Institution is evaluated and updated (time frame e.g. annually).

- The most likely evacuation incidents for Institution Medical Center Obstetric Services are:
  - Flooding, high winders other severe weather related incidents.
  - Infrastructure damage leading to power failure.
  - Fire
  - Smoke conditions
  - Loss of essential utilities with failure of backup system
  - Coastal storms
  - Explosive events
  - Earthquake
  - Loss of building integrity/Structural failure
  - Chemical/Biologic Event

Obstetric Services(s) Location and Bed Capacity

Obstetric Services is located _______ within the hospital.
Labor and Delivery/ Operating Rooms are located _______
Postpartum unit(s) is (are) located _______ within the hospital.
Well baby nursery (ies) is (are) located ________within the hospital.
Antepartum unit is located: ________________________
Is there an additional location where patients are triaged prior to admission Y/N
If YES where is it located? What is the proximity to Obstetric Services?

(See floor plan in appendix B for layout.)

Labor/Delivery/Recovery has a bed capacity of ___beds but at times has accommodated ___ (surge considerations)
Labor and Delivery/ Operating Rooms has a bed capacity of ___beds but at times has accommodated ___ (surge considerations)
Postpartum unit(s) has (have) a bed capacity of ___beds but at times has accommodated ___ (surge considerations)
Well baby nursery (ies) has (have) a bed capacity of ___beds but at times has accommodated ___ (surge considerations)
Antepartum unit has a capacity of _______________ beds but at times has accommodated ____
Activation

If there is an immediate threat to the Obstetric Services (patient care director) will be in charge of notifying incident command, security, respiratory therapy and the staging area that an evacuation will be taking place. (Add or take out personnel and functional areas as you see fit)

Notifications should be made via telephone if applicable at the time. If power is lost cell phones or a runner should be used to communicate the immediate threat.

**Incident Command phone number:**
**Security phone number:**
**Staging area phone number:**
**Respiratory therapy phone number:**

If there is a non-immediate threat to the Obstetric Services _____ will inform _____ in the Obstetric Services of the impending threat and will stay in constant contact to update the Obstetric Services as to the threat. _____ will pass along the information to their team.

Mobilization

Immediate Action

*Events that may cause an immediate evacuation will be those that directly affect the OBSTETRIC SERVICES without notice.*

For immediate threats to the Obstetric Services the most Senior obstetrician and pediatrician on site at the time of the occurrence will act as the “Evacuation Leaders” and may order an evacuation in collaboration with onsite Obstetric Services nursing leadership. The need for evacuation should be communicated to the most senior person on site, who should attempt to contact the most senior hospital leadership available.

**FIRE**

**Immediate Response for fire is -R.A.C.E**

- **Rescue** - remove patients from danger
- **Activate Fire Alarm** – alarm box located
- **Contain** - close doors
- **Extinguish** - fire extinguishers located

In the case of a fire immediately dial:
Oxygen Considerations in Case of Fire

Main oxygen supply valve is located __________________________

The decision to turn off the oxygen will depend on the location and type of emergency (smoke, open fire or likelihood of the spread of an open fire) and will be made by the highest maintenance and engineering person available in collaboration with the most senior physician in order to minimize danger to patient health and negative consequences for patients. This decision will be re-evaluated on an on-going basis throughout the evacuation. Respiratory Therapy must be involved in this decision and notified if such steps are being considered.

______ will be in charge of physically turning off the oxygen and communicating the decision and action to incident command as well as those that will be critical in assisting with the evacuation.

Non-Immediate Action

Events that may cause a non-immediate evacuation will be those that happen outside of the Obstetric Services (e.g. a fire on another floor) or that have advanced warning (e.g. a hurricane).

For threats external to the Obstetric Services with no apparent immediate danger, the Obstetric Services leadership will be notified by ________ and should follow their instruction regarding the need to evacuate.

HORIZONTAL EVACUATION

A horizontal evacuation is an evacuation beyond corridor fire doors and/or smoke zones into an adjacent secure area on the same floor.

The designated horizontal evacuation staging area will be __________________________

Staff

__________ will be the evacuation leader(s) and be in charge of coordinating staff. The evacuation leader(s) will call a huddle and inform staff of the threat, individual roles, how patients should be triaged for transport and what equipment to use.

Staff involved in the evacuation will include all nurses and physicians in the Obstetric Services at that time as well as respiratory therapy.

Additional staff that will be involved in the evacuation but not necessarily physically moving patients are security, facilities, incident command, and social services. Modify based on hospital operations.
**Evacuation Procedure and Patient Triage:**

*Procedure*
- How the evacuation will roll out

*Triage*
1. Postpartum women who have had vaginal births
   a. Move mother/baby dyad as a unit
2. Postpartum women who have had Cesarean births and whose babies are well
   a. Move mother/baby dyad as a unit.
3. Laboring Women

**Evacuation Equipment by Unit**

**Well Baby and Post Partum**

<table>
<thead>
<tr>
<th>Equipment Type</th>
<th>How Many</th>
<th>Location</th>
<th># of Patients that can be Accommodated</th>
<th>Instructions on Use (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In House Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolette</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evacuation Basket</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*if patients and babies are well, patients can be transported in mother’s arms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stretchers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bassinettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Obstetric Services

<table>
<thead>
<tr>
<th>Equipment Type</th>
<th>How Many</th>
<th>Location</th>
<th># of Patients that can be Accommodated</th>
<th>Instructions on Use (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stretchers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bassinette</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evacuation Supplies:

<table>
<thead>
<tr>
<th>Supply Name</th>
<th>Amount Immediately Available</th>
<th>Location</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portable Ventilators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portable Monitors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evacuation Boxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warming Blankets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phototherapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formula, Diapers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evacuation Route:

- What route will be taken to move patients
  - Consider adding a floor plan or evacuation map like a fire evacuation plan as an Annex

Staging Area

- What staff will be dedicated to the staging area
- Will the staging area be set up ahead of time
  - Will there be extra equipment at the staging area or will equipment used to move the patients stay with them
  - Will there be supplies there or will they be from what moves with the patient
- How long can the staging area be held up for
Patient Tracking and Medical Records

Patient Tracking

- Who will be in charge of tracking patients
- How will patients be tracked
  - Labels on patients themselves
  - Information tagged to their evacuation equipment
  - How will information get back to patient tracking coordinator

Medical Records

- Considerations for medical records
  - Printing

Family Notification

Notification

- Who will notify family/contact of the evacuation and their child’s disposition

Social Services

- Who will family/contact be directed to if they need support
- Who will be in charge of controlling family/contact that come to the hospital
VERTICAL EVACUATION

A vertical evacuation is an evacuation from one floor(s) to the floor(s) below or above. This also pertains to evacuating out of the facility completely.

The designated vertical evacuation staging area will be _____________________________

Staff

___________ will be the evacuation leader(s) and be in charge of coordinating staff. The evacuation leader(s) will call a huddle and inform staff of the threat, individual roles, how patients should be triaged for transport, what equipment to use and the route to be taken.

Staff involved in the physical evacuation will include all nurses and physicians – obstetricians, pediatricians, and anesthesiologists, in the Obstetric Services at that time.

Additional staff that will be involved in the evacuation but not necessarily physically moving patients are security, facilities, incident command, EMS, social services and public information. Modify based on hospital operations.

Evacuation Procedure and Patient Triage:

Procedure

• How the evacuation will roll out

Triage

1. Postpartum women who have had vaginal births
   a. Move mother/baby dyad as a unit

2. Postpartum women who have had Cesarean births and whose babies are well
   a. Move mother/baby dyad as a unit.

3. Laboring Women

4. Women in Surgery
# Evacuation Equipment by Unit

## Well Baby and Post-Partum

<table>
<thead>
<tr>
<th>Equipment Type</th>
<th>How Many</th>
<th>Location</th>
<th># of Patients that can be Accommodated</th>
<th>Instructions on Use (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In House Transportation Isolette</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evacuation Basket</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchairs *if patients and babies are well, patients can be transported in mother’s arms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stretchers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bassinetttes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Obstetric Services

<table>
<thead>
<tr>
<th>Equipment Type</th>
<th>How Many</th>
<th>Location</th>
<th># of Patients that can be Accommodated</th>
<th>Instructions on Use (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stretchers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bassinetttes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Evacuation Supplies:

<table>
<thead>
<tr>
<th>Supply Name</th>
<th>Amount Immediately Available</th>
<th>Location</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portable Ventilators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portable Monitors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evacuation Boxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warming Blankets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phototherapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formula, Diapers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Oxygen Masks for Adults and Infants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dopplers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetric Hemorrhage Kits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery Packs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreceps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacuum Extractors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-Section Pack</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Evacuation Route:

**Note on Elevator Use:** Before using elevators contact _______ to find out if they are operational and safe.

- What route will be taken to move patients
  - Consider adding a floor plan or evacuation map like a fire evacuation plan as an Annex
- Considerations should be made for bi-directional movements
- Involve security in the planning of the route so they know where they will need to clear people and possibly direct traffic

**Staging Area**

- What staff will be dedicated to the staging area
- Will the staging area be set up ahead of time

NYC PDC Obstetric Services Evacuation Template 11
Will there be extra equipment at the staging area or will equipment used to move the patients stay with them
Will there be supplies there or will they be from what moves with the patient
- Involve security at the staging area to keep crowd control
- Involve public relations at the staging area in case of media
- How long can the staging area be held up for

**Patient Placement and Transportation**

*Placement*
- Who will be responsible for placing patients at other facilities
- How will those contacts be made
- How will that be tracked with the patient
- How will the patients arrival at another facility be communicated

*Transportation*
- Who will be responsible for coordinating transportation to a different facility
  - See Annex A for guidance

- All Healthy Mothers and Newborns Should be discharged, if safe
- If home is not safe and mother and newborn are healthy, discharge to Red Cross shelter or similar where they can be monitored by a nurse.

**Patient Tracking and Medical Records**

*Tracking*
- Who will be in charge of tracking patients
- How will patients be tracked
  - Labels on patients themselves
  - Information tagged to their evacuation equipment
  - How will information get back to patient tracking coordinator
- Mothers and Children must go to the same destination hospital

*Medical Records*
- Considerations for medical records
  - Printing

**Family/Contact Notification**
**Notification**

- Who will notify **Family/Contact** of the evacuation and their child’s disposition

**Social Services**

- Who will **Family/Contact** be directed to if they need support
- Who will be in charge of controlling **Family/Contact** that come to the hospital

**Demobilization**

Upon completion of an evacuation either horizontal or vertical all parties involved should be notified.

It is suggested that a debriefing be held for all involved to gather information on how the evacuation went as well as to make sure that all staff are emotionally and physically unharmed.

Debriefing site will be ____________ and held ____________ hours after the complete evacuation.

Staff follow-up with alternate facilities as to patient’s disposition can be done at the discretion of hospital procedures.

**Important Contact Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Office Phone</th>
<th>Cellphone</th>
<th>Pager</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Annex A

#### Transportation Assessment

1. Hospital has a self-contained neonatal transport program? Yes_______ No________
2. Neonatal Transport Team Yes_______ No________
3. Pediatric Transport Team able to handle neonates? Yes_______ No________
   a. If YES, Transport team is: Unit Based / Free Standing
4. Nurses can go out on transport Yes________ No________
   a. Which nurses will be sent out on transport?
5. Is there dedicated equipment for transport Yes________ No________
6. Does hospital have a dedicated communications line? Yes_______ No________
   a. Line/# is ____________________________
7. Is this transport service shared with other hospitals Yes_______ No________
   a. If yes; What other hospitals share the service ____________________________
8. Do you have written agreement with other hospitals to provide transport service
   a. If yes how many hospitals ____What hospitals? ____________________________
9. Is there a contract that guarantees transport service in the case of disaster?
10. Does your hospital own a vehicle Yes_______ No________
    a. How many ambulances does your hospital own? ______________
11. Does the hospital rent the vehicle Yes_______ No________
12. Do you have a team but contract elsewhere for the ambulance (commercial or FDNY or other)?
    a. If yes, from whom? ____________________________
    b. How many ambulances have you contracted for at one time? ______
    c. Who is the director of the service? ____________________________
    d. Contact Info email:____________________ Phone___________________
13. Does hospital hire EMS crew full time Yes_______ No________
14. Does hospital hire EMS crew for each request for ambulance use Yes__ No__
15. Does hospital hire MDs for transport crew full time Yes__ No__
16. Does hospital hire RNs for transport crew full time Yes__ No__
17. Does hospital hire RTs for transport crew full time Yes__ No__
18. Does hospital own monitoring equipment for transport Yes__ No__
19. Does hospital rent monitoring equipment for transport Yes__ No__
20. Does hospital bring additional equipment (if yes, what?)
21. Do you have any specialty equipment:
    a. Jet ventilators Yes_______ No____
    b. Isolette with ventilator Yes_______ No____
    c. Isolette high frequency Yes_______ No____
   # Concurrent Neonatal transports that can be run ______________
Annex B

Hospital Horizontal Evacuation Route Map
Annex C

Hospital Vertical Evacuation Route Map