A Plan Outline for Neonatal Intensive Care Unit Evacuation

Institution

Draft 1
**Approval Form**

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

<table>
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<th>Name 1</th>
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**Plan Revisions:**

The Plan for NICU Evacuation at [Institution] should be reviewed and revised annually.

<table>
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<tr>
<th>Plan Version</th>
<th>Date Revised</th>
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Pediatric Disaster Coalition NICU Evacuation Plan Template
Disclaimer

This Template NICU Evacuation Plan is intended to be used to create a hospital specific NICU 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 NICU.
2. Establish a chain of command for both urgent and non-urgent NICU 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 online.
5. Establish designated areas for both vertical and horizontal evacuations.

Scope

The Neonatal Intensive Care Unit Evacuation Plan for [Institution] is designed to respond to an immediate or non-immediate evacuation of the neonatal intensive care unit. 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 transporting neonates both within and out of the hospital, supplies, staff, patient tracking, placement and family information.

The Neonatal 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 neonatal patients. 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 neonatal critical care are:
  - 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

NICU Location and Bed Capacity

The NICU is located _________ within the hospital. See floor plan in appendix B for layout.

The NICU has a bed capacity of ___ beds but at times has accommodated ____ (surge considerations)
Activation

If there is an immediate threat to the NICU _____ 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 NICU _____ will inform _____ in the NICU of the impending threat and will stay in constant contact to update the NICU 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 NICU without notice.*

For immediate threats to the NICU the most **Senior NICU physician on site at the time of the occurrence** will act as the “Evacuation Leader” and may order an evacuation in collaboration with **onsite NICU 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:

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Pediatric Disaster Coalition NICU Evacuation Plan Template
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 NICU (e.g. a fire on another floor) or that have advanced warning (e.g. a hurricane).

For threats external to the NICU with no apparent immediate danger NICU 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 NICU 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. Non-equipment dependent infants
2. Infants requiring minimal equipment support
3. Highly equipment dependent (i.e. Ventilator dependent) infants

Evacuation Equipment:

<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>2</td>
<td>NICU hallway</td>
<td>2 in each</td>
<td></td>
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<tr>
<td>Isolettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evacuation Basket</td>
<td>18</td>
<td>1 in each</td>
<td></td>
<td></td>
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</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>
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<tr>
<td>Portable Monitors</td>
<td></td>
<td></td>
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<tr>
<td>Medications</td>
<td></td>
<td></td>
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<tr>
<td>Evacuation Boxes</td>
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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

Parental/Guardian Notification

Notification

- Who will notify parents/guardians of the evacuation and their child’s disposition

Social Services

- Who will parents/guardians be directed to if they need support
- Who will be in charge of controlling parents/guardians 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 in the NICU 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, EMS, social services and public information. Modify based on hospital operations.

Evacuation Procedure and Patient Triage:

Procedure

- How the evacuation will roll out

Triage

4. Non-equipment dependent infants

5. Infants requiring minimal equipment support

6. Highly equipment dependent (i.e. Ventilator dependent) infants

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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
  - 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

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

Medical Records
- Considerations for medical records
  - Printing

Parental/Guardian Notification

Notification
- Who will notify parents/guardians of the evacuation and their child’s disposition

Social Services
- Who will parents/guardians be directed to if they need support
- Who will be in charge of controlling parents/guardians 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>
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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