Surge and Evacuation Plan Obstetrics and Newborn Units

[Insert Institution Name Here]

[Insert Date Created or Revised Here]

Created by:
[New York City Pediatric Disaster Coalition]
[New York City Department of Health and Mental Hygiene]

NYC Health

How to Use This Template:

This template will guide the creation of a surge and evacuation plan for your Obstetrics (OB) and Newborn Units. The New York City Pediatric Disaster Coalition (NYC PDC) developed this template after reviewing existing research and collaborating with subject matter experts and hospitals in New York City.

It is crucial that you tailor this plan to meet your Unit's unique needs. The Unit plan you finalize should be incorporated into your facility's overall disaster plan and should align with the facility plan. Consult Appendix E for a checklist to ensure that you have completed all key aspects of the template.

For questions or more information about using this template, visit NYC PDC's website at **pediatricdisastercoalition.org** or email **info@pediatricdisastercoalition.org**.

Thank you.

New York City Pediatric Disaster Coalition
New York City Department of Health and Mental Hygiene

Dr. George Foltin
Principal Investigator
New York City Pediatric Disaster Coalition

Dr. Michael Frogel
Co-Principal Investigator
New York City Pediatric Disaster Coalition

LuAnn Gibson, LMSW, MPA
Program Manager
New York City Pediatric Disaster Coalition

John Jermyn
Project Coordinator
New York City Pediatric Disaster Coalition

Wanda I. Medina
Senior Program Manager
Healthcare and Medically Vulnerable Populations Unit,
Bureau of Healthcare System Readiness
Office of Emergency Preparedness and Response
New York City Department of Health and Mental Hygiene

Kana Inoue
Editor/Accessibility Specialist
Publications Unit, Bureau of Communications
Office of External Affairs
New York City Department of Health and Mental Hygiene

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Abbreviations

Abbreviation	Term
AAR/IP	After-Action Report and Improvement Plan
ED	Emergency Department
FISC	Family Information and Support Center
L&D	Labor and Delivery
NICU	Neonatal Intensive Care Unit
OB	Obstetrics
OR	Operating Room
PDC	Pediatric Disaster Coalition
PSA	Pediatric Safe Area

Getting Started

This template should serve as an addendum to your facility's general emergency operations plan. It should supplement existing procedures to enhance care for OB and newborn patients during a surge or evacuation. When referencing your facility's general plan in this template, provide page numbers.

Operational Objectives

- Provide the **necessary emergency equipment, staff and space** to accommodate a surge or evacuation of OB and newborn patients safely and efficiently.
- Establish a **chain of command** for the surge or evacuation.
- Assign **roles to ensure the best possible provision of care** during the surge or evacuation.

Plan Revision

Revise this plan annually and under the following conditions:

- When changes are made to the OB or Newborn Unit or associated sites
- After an exercise based on lessons learned
- After a real surge event or evacuation based on lessons learned

Unit Locations and Capacity

Address: _____

Table 1. Unit Location and Capacity

Unit Name	Location (Floor and room)	Total **Normal**[1] Capacity (Beds and rooms)	Total **Surge**[2] Capacity (Beds and rooms)
OB or Newborn Unit			
Labor and Delivery Unit			
Labor and Delivery, Operating or Surgery			
Labor and Delivery, Operating or Recovery			
Labor and Delivery, Triage (if applicable)			
Labor and Delivery, High-Risk Pregnancy			
Maternity Unit			
Maternity Unit, Well-Baby Nursery			
Maternity Unit, Alternate Overflow			
Neonatal Intensive Care Unit (NICU)			
Neonatal Intermediate Care Unit (if applicable)			
Postpartum Unit			
Antepartum Unit			
[Other]			

[1]Normal capacity: the current number of beds and rooms available during daily operations.
[2]Surge capacity: the number of beds and rooms the facility could provide to support maternity services, labor and delivery services, and isolation during a surge or evacuation.

Table 2: Isolation Capacity

Isolation Capacity[3]	Location (Floor and room)	Total **Normal** Capacity (Beds and rooms)	Total **Surge** Capacity (Beds and rooms)
Negative Pressure or Airborne Isolation			
Contact or Droplet Isolation			
Positive Pressure, HVAC or Transplant Isolation[4]			
[Other]			

Surge Triage Space and Staffing

When you have advance notice, surge patients can be triaged in an emergency department, triage space or alternate surge triage space to avoid overwhelming the OB or Newborn Unit. Surge events require additional staffing to sort and stabilize patients and to establish beds in the Unit or an alternate surge space.

When calculating patient-to-clinician ratios, remember to consider any mandatory overtime protocols that your institution may have during a surge or evacuation. Add your patient-to-clinician ratio for each location:

Table 3. Labor and Delivery

Labor and Delivery	**Patient-to-Clinician Ratio**
Attending Physicians or Midwives	
Anesthesiologists	
Nurse Practitioners (NP)	
Physician's Assistants (PA)	
Resident Physicians	
Pharmacists	
Registered Nurses (RN) or Licensed Practical Nurses (LPN)	
Respiratory Therapists (RT)	
Medical Assistants (MA)	
Nursing Assistants (CNA)	
[Other]	

[3]Consider which facility-wide infection control guidelines dictate placement of patients.
[4]This includes private rooms in which heating/ventilation/air conditioning and positive pressure can be turned on and off for the room.

Table 4. Neonatal Intensive Care Unit (NICU)

NICU	Patient-to-Clinician Ratio
Attending Physicians or Midwives	
Anesthesiologists	
Nurse Practitioners (NP)	
Physician's Assistants (PA)	
Resident Physicians	
Pharmacists	
Registered Nurses (RN) or Licensed Practical Nurses (LPN)	
Respiratory Therapists (RT)	
Medical Assistants (MA)	
Nursing Assistants (CNA)	
[Other]	

Table 5. Maternity Unit or Well-Baby Nursery

Maternity Unit or Well-Baby Nursery	Patient-to-Clinician Ratio
Attending Physicians or Midwives	
Anesthesiologists	
Nurse Practitioners (NP)	
Physician's Assistants (PA)	
Resident Physicians	
Pharmacists	
Registered Nurses (RN) or Licensed Practical Nurses (LPN)	
Respiratory Therapists (RT)	
Medical Assistants (MA)	
Nursing Assistants (CNA)	
[Other]	

Table 6. Antepartum Unit

Antepartum Unit	Patient-to-Clinician Ratio
Attending Physicians or Midwives	
Anesthesiologists	
Nurse Practitioners (NP)	
Physician's Assistants (PA)	
Resident Physicians	
Pharmacists	
Registered Nurses (RN) or Licensed Practical Nurses (LPN)	
Respiratory Therapists (RT)	
Medical Assistants (MA)	
Nursing Assistants (CNA)	
[Other]	

Table 7. Postpartum Unit

Postpartum Unit	Patient-to-Clinician Ratio
Attending Physicians or Midwives	
Anesthesiologists	
Nurse Practitioners (NP)	
Physician's Assistants (PA)	
Resident Physicians	
Pharmacists	
Registered Nurses (RN) or Licensed Practical Nurses (LPN)	
Respiratory Therapists (RT)	
Medical Assistants (MA)	
Nursing Assistants (CNA)	
[Other]	

Clinical Staff

Clinical staff prepare patients for relocation during a surge or evacuation. This includes gathering needed equipment and medication, moving patients, and continuing direct patient care.

Note: In addition to all nursing staff and physicians present in the OB or Newborn Unit, respiratory therapists, other health care providers and clinicians from Pediatrics may assist.

Non-clinical Staff

Non-clinical staff help move isolettes (incubators), equipment and supplies to the staging area and elsewhere as needed. They also track patients and prepare their medical records.

Pre-activation

Pre-activate this plan if the OB or Newborn Unit receives notification of an impending surge or evacuation and if there is enough time to gather situational awareness.

Impending Threat or Condition

Impending threats usually happen outside of the Unit (such as a fire on another floor) or have advanced warning (such as a hurricane).

Identify who will handle the following tasks:

_____ *(role/title)* will notify the Unit of an impending threat and provide instructions on how to proceed.

_____ *(role/title)* will update Unit staff on the information received. (This is typically the nurse manager, charge nurse on duty, attending physician or a designee.)

Activities

- Monitor the situation.
- Maintain situational awareness.
- Initiate a meeting with all leadership involved in a surge or evacuation.
- Check and prepare necessary supplies and equipment.
- Notify staff about a possible surge or evacuation.

Plan Activation

Activate this plan if there is an immediate threat to the OB or Newborn Unit. Upon activation of this plan, mobilize all staff in the facility to assist. Gather staff members and assign their roles for the surge or evacuation.

Refer to the completed Important Contacts table in Appendix A for who is authorized to activate this plan.

Fire or Smoke Emergency

If there are signs of smoke or fire, immediately pull the fire alarm and contact _____.

Oxygen

- Ensure that staff members are knowledgeable about gas valve location(s).
- If there are signs of smoke or fire, _____ *(role/title)* must shut off oxygen valves.
- Prior to shutting off the oxygen, put all oxygen-dependent patients on portable oxygen.

Immediate Threat

In the event of an immediate threat — an unexpected event that directly affects the Unit — mobilize anyone within the Unit at the time to help. Clinicians will care for and move patients. Non-clinicians will help push isolettes, move equipment and supplies, and track patients as they travel from the OB and Newborn Units to the staging or alternate area.

Activities

1. Dial _____ to alert the OB and Newborn Units of the threat.
2. Inform on-site nursing supervisor and most senior OB and Newborn Units physician of the threat. Begin to coordinate the Unit's response with these contacts and the hospital command center.
3. Identify the source of the threat.
4. Initiate patient tracking in the Unit.
5. Evacuate patients closest to the hazard, regardless of acuity.
6. Evacuate patients most likely to be adversely affected by the threat (for example, newborns during a smoke condition).
7. Evacuate stable patients with an appropriate nurse-to-patient ratio until all are evacuated.
8. Evacuate critical patients with an appropriate clinician-to-patient ratio.
9. Initiate patient tracking at the staging area.

Refer to the completed Important Contacts tables in Appendix A.

Notifications and Communications

Notifications and communications during an OB and Newborn Units surge or evacuation should mirror those of the hospital's general emergency operations plan. However, notifications and communications may change depending on the nature of the event. For example, a mass casualty event that involves pediatric patients would require notification of the nurse manager and other pediatric-specialized staff.

Internal Staff Notification

_____ *(role/title)* will announce activation of the OB and Newborn Units surge or evacuation plan via _____ (for example, email, overhead paging, text), stating:

_____

(for example, color, code, script).

Off-Duty Staff Notification

Upon activation of the plan, _____ *(role/title)* will contact off-duty staff about the activation of the OB and Newborn Units surge or evacuation plan via _____ (for example, phone, email, text, social media), stating:

_____

_____

External Notifications

Refer to the hospital's emergency operations plan, Page(s) _____, for the external notification process.

Hospital Command Center

The hospital command center's role during an OB and Newborn Units surge or evacuation should mirror that of the hospital's general emergency operations plan. However, ensure that trained medical and ancillary staff with pediatric expertise can respond to a pediatric emergency or disaster. This response includes opening and staffing the Family Information and Support Center (FISC) and the Pediatric Safe Area (PSA). Coordinate with the hospital command center on these priorities.

Unit Procedures

Ensure that all procedures in this section align with your facility's procedures and emergency plan.

Staff Response

Internal Staff Response

Upon activation of the plan, all OB and Newborn Units staff should report to _____ *(location)* and complete the following activities (for example, order of patient evacuation based on acuity):

_____

_____

_____

Note any additional guidance for Labor and Delivery units and the Operating Room:

_____

Off-Duty Staff Response

Upon activation of the plan, all off-duty OB and Newborn Units staff should complete the following activities:

_____

_____

_____

Coordination With the Hospital Command Center

_____ *(role/title)* or a designee will coordinate all activities with the hospital command center. This person will also coordinate the surge or evacuation by informing staff of the event, their individual roles and how patients should be triaged for possible discharge, transfer, admission or evacuation.

Activities

1. Convene staff and discuss roles for the surge or evacuation.
2. Call in additional staff or request additional staff through the command center.
3. Triage and prepare all patients for evacuation or create space to accommodate a surge.
    - Consider discharging some patients. See the "Discharge From OB Services" and "Rapid Discharge Team" sections on Page 9.

4. Assess available equipment and supplies. Contact the command center for any additional equipment or supplies needed.
   - Refer to the completed "Equipment and Supplies" table on Page 10.
5. Print summary information of patients being evacuated and transport patients with pertinent medical record information. (Consider developing a paper summary of patients that is printed daily and available immediately.)
6. Notify families in the OB and Newborn Units of plan activation and incident details.
7. Send pertinent information regarding the OB and Newborn Units census, patient disposition and other useful information to the command center.
8. Set up a patient tracking system.

Medical Records

Consider these questions:

- Who will transfer records? _____
- Will patients' charts go with them? _____
- Will mothers' antepartum records go with them? If so, how will the records be transported? _____
- When a patient is discharged, will you provide the patient with a hard copy of their discharge instructions and medication reconciliation? _____
- Will you print downtime forms from the Electronic Health Record (EHR) system? _____

Discharge From OB Services

You may need to discharge patients during a surge or evacuation to allow space for incoming patients or prevent transfers to another facility.

Patients may be discharged home, to a clean medical-surgical unit, to the pediatrics floor, or, in the case of well babies, to an alternate well-baby nursery.

Considerations

- If maternity patients are transferred to the medical-surgical unit or the pediatrics floor, move babies to the same room as their mothers.
- If both mothers and newborns (older than 24 hours) are well and have had periodic medical exams, consider discharge home or to a shelter where a nurse can monitor them.

Rapid Discharge Team

The rapid discharge team (part of overall bed management capability) includes physicians and nurses who monitor bed availability and move patients in response to the latest conditions.

Activities

1. Obtain an accurate bed census.
2. Conduct a floor "walkthrough" to help decide which patients can be discharged home, to a clean medical-surgical unit or to the pediatrics floor. If the NICU will accommodate additional newborn patients, decide which newborns can be discharged there.
3. Meet periodically during the surge or evacuation to optimize the number of possible discharges.

Discharge and Transfer Considerations

- Transfer well newborns and mothers to the same room or area if possible.
- Postpartum patients, if medically stable, and their well newborns (between 24 and 72 hours old) can be discharged home. (See Appendix F for a Patient Discharge Log Template for Evacuations.)
- Mothers who are physiologically stable, and formula feeding and whose babies are transferred to the OB and Newborn Units (for example, babies younger than 24 hours, on phototherapy or receiving serum glucose assessments) can be discharged home without their babies.

Surge Considerations

- If maternity patients need to be moved to a surge area, consider movements (or evacuation) in mother-child dyad if the mother and newborn are both healthy.
- Laboring women will be in the Labor and Delivery Unit, not in the Maternity Unit, and will be moved separately.
- Move mothers whose newborns are in the NICU to a surge space that can support the newborns' medical needs.

Equipment and Supplies

Fill in the following tables:

Table 8. Equipment and Supplies

Item	Amount Immediately Available	Location	Number of Patients Supply Serves
In-House Transport Isolettes			
Isolettes			
Evacuation Baskets			
Neonatal Ventilators (Invasive and Non-invasive Ventilation)			
Portable Monitors			
Portable Suction			
Portable Oxygen			
Bassinets or Open Cribs			
Papooses (Aprons)			
Wheelchairs[5]			
Stretchers or Gurneys			
[Other]			

[5]If patients and newborns are well, newborns can be transported in mothers' arms.

Table 9. Evacuation Supplies

Item	Amount Immediately Available	Location	Number of Patients Supply Serves
Portable Ventilators			
Portable Monitors			
Crash Carts			
Toolboxes (Evacuation Boxes)			
Warming Blankets			
Phototherapy			
Formula			
Diapers			
Oxygen Masks for Adults and Infants			
Dopplers			
OB or Neonatal Hemorrhage Kits			
Basic Delivery Kits			
Forceps			
Vacuum Extractors			
Surgical Supplies			
C-Section Kits			
[Other]			

Check crash carts periodically for contents and ensure that medications have not expired.

- Obtain additional carts from _____.
- Contact the Central Sterile at _____.

Patient Placement and Transportation

Fill in the following table regarding which hospitals could take the Unit's surge or evacuation patients. (See Appendix G for a tool to help assess transportation resources.)

Consider these questions:

- Who will decide to transfer patients? _____
- Who will contact other institutions about transferring patients? _____
- How will patients be transferred? _____
- How will this information be communicated between the Unit and the command center?

  _____
- How will this information be communicated to the patients' families?

  _____

Table 10. Hospitals That Could Receive Surge or Evacuation Patients

In-Network Hospital	Address	Phone Number	Primary Contact

Ensure that your facility has an agreement with the listed hospitals stating that they have capacity to accept your transferred patients. Ensure smooth clinical handoffs of patients.

Evacuation Activities

Maintain the space, staffing and emergency equipment needed to evacuate the OB and Newborn Units.

1. Establish an order of evacuation for both urgent and non-urgent Unit evacuations.
2. Assign roles to ensure a controlled and safe evacuation.
3. Develop a plan for a highly urgent evacuation in which the command center is not available to assist.
4. Establish designated areas for both vertical and horizontal evacuations.
5. If safe, bring the medication cart, crash cart and portable equipment or supplies.

Evacuation Considerations

Definitions

- **Horizontal evacuation:** An evacuation through corridor fire doors or smoke zones into a secure area on the same floor.
- **Vertical evacuation:** A complete evacuation of a specific floor; this evacuation often involves moving vertically toward ground level unless the Unit is already at ground level.
- **Total or full evacuation:** A complete evacuation out of the hospital.

Security

_____ *(role/title)* or a designee will supervise all security-related issues and will coordinate all security-related activities with the command center. Security should be able to prevent unauthorized visitors from accessing the facility and patient care areas.

Emergency Contacts

- Call 911 for immediate help.
- Closest Police Precinct Phone Number: _____
- Closest Fire Station Phone Number: _____

Activities for a Horizontal or Vertical Evacuation

1. Limit access and close nonessential entry points to the entire facility and the OB and Newborn Units.
2. Staff essential areas.
3. Post security guards at all Unit entrance and exit points.
4. Clear all unauthorized personnel from secure patient care areas.
5. If relocating to a nonsecure area, separate the area from public view and unauthorized access.
6. Reroute foot traffic as needed.
7. Escort patients with serious mental illness to a secure treatment area.
8. Screen all family members prior to letting them into patient care, Mental Health Services or the Family Information and Support Center (FISC).
9. Gather information on the event and update first responders as they arrive.

Short-Term Staging Areas

Use short-term staging areas for the *initial* evacuation only; they are not intended to be the final alternate OB and Newborn Units site(s).

Horizontal Evacuation

Horizontal Evacuation Staging Area: _____

Alternate Horizontal Evacuation Staging Area: _____

Considerations for Horizontal Staging Areas

- Choose a staffing ratio based on the event and the number of available staff. The level of staff will likely fluctuate according to the census.
- Keep equipment used to move patients with the patients.
- Move supplies with patients. Request additional supplies from the command center if necessary.
- Hold the staging area for _____ hours. *If there are multiple staging areas, list for each.*

Vertical Evacuation

If the incident is localized to a horizontal floor, staff and patients can evacuate to another floor at least two floors away from the incident if safe and secure per engineering or fire department.

Vertical Evacuation Staging Area: _____

Alternate Vertical Evacuation Staging Area: _____

Considerations for Vertical Staging Areas

- Choose a staffing ratio based on the event and the number of available staff. The level of staff will likely fluctuate according to the census.
- Assign security at the staging area to maintain crowd control.
- Position public relations staff at the staging area in case of media.

Address these questions:

- Will the staging area be set up ahead of time? _____
- Will equipment used to move patients stay with the patients? _____
- Will supplies move with the patient? _____
- How can other supplies be requested if needed? _____
- How long can the staging area be used? _____

Total or Full Evacuation

Total or Full Evacuation Staging Area: _____

Alternate Total or Full Evacuation Staging Area: _____

Evacuation Routes

Horizontal Evacuation Route

Describe the evacuation route. Provide a map if possible.

_____

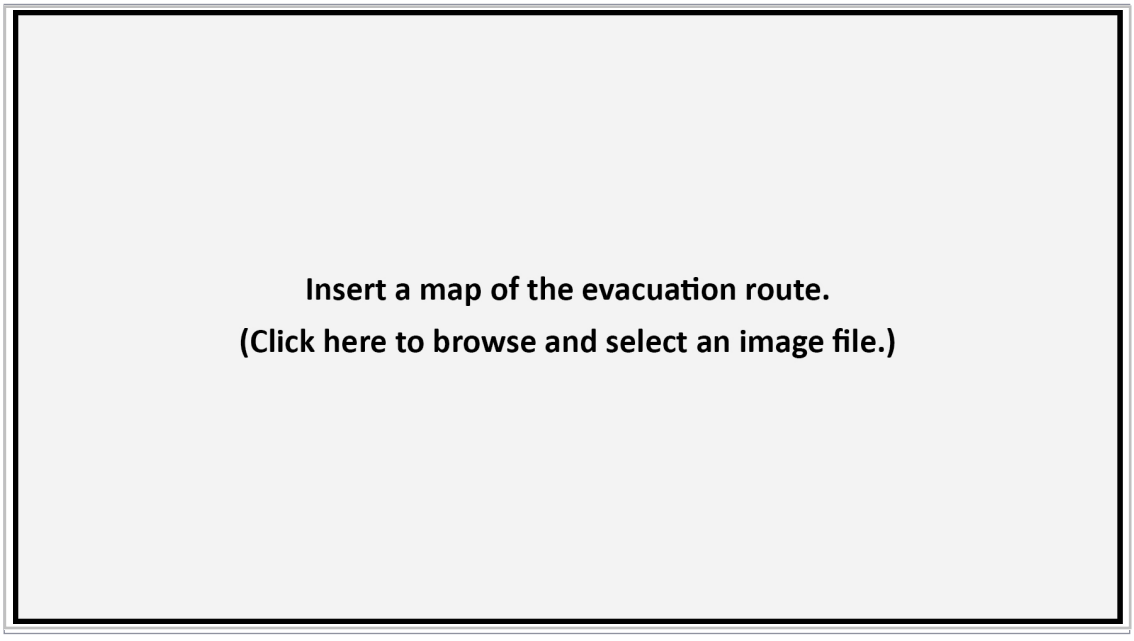
Insert a map of the evacuation route.
(Click here to browse and select an image file.)

Vertical Evacuation Route

Describe the evacuation route. Provide a map if possible.

Total or Full Evacuation Route

Describe the evacuation route. Provide a map if possible.



Vertical Evacuation Considerations

Patient Tracking

The rapid discharge team, in collaboration with leadership (for example, the nurse manager or clinician in charge), will oversee tracking patients.

- Use patient ID bands on wrists and ankles.
- Have leadership (for example, the nurse manager or clinician in charge) send information back to the rapid discharge team by calling in patients.
- Use a census sheet to record patients leaving the Unit and arriving at the staging area.

Medical Records

- Consider printing a daily summary form for each patient.
- Place each patient's chart with the patient and verify the patient's name band.
- Keep each mother's antepartum record with the patient.
- Bring the shift census report, patient records and staff roster.
- When a patient is discharged, print a copy of their discharge instructions and medication reconciliation at the nearest printer.

Add any additional notes about transferring patient records:

_____

_____

Communication

Address the following question:

- How will patient tracking and medical records be handled? Will a tracking sheet be used?

_____

_____

Total or Full Evacuation Considerations

- Keep patients together at a meeting place outside the facility and maintain accountability for patients and staff.
- The last staff member out should perform a final search of all areas and should close — but not lock — all doors.
  - Mark rooms "EVACUATED."
  - Report to _____ *(role/title)* that the search and evacuation is complete.
- For a **planned** evacuation, refer to the hospital's emergency operations plan section on Page _____ of that plan.

Patient Tracking, Medical Records and Communication

Address the following question:

- How will patients' arrivals at another facility be communicated? Who will close the loop?

_____

_____

Patient Placement

- The hospital command center and facility management (staff in charge of bed count) will be responsible for placing patients at other facilities.
- The command center will assign a point person to make these contacts.
- Each patient's face sheet should be sent with them.
- If deemed necessary by Incident Command, nurses can be assigned to accompany patients to the destination hospital to continue care there.

Transportation

- Determine who will be responsible for coordinating transportation to a different facility.
- All healthy mothers and newborns should be discharged, if safe.
- If home is not safe and both the mother and newborn are healthy, discharge them to a Red Cross shelter or another facility where they can be monitored by a nurse.
- Mothers and children should go to the same destination hospital, unless different medical care is urgently needed.

Add any additional notes about transportation:

_____

_____

Evacuation Procedures

Make every attempt to evacuate all patients safely. If you need to prioritize patients, consider the nature and status of the incident. For immediate events, it may be necessary to evacuate stable patients first to have the best outcomes. Or, it may be most effective to evacuate the sickest patients first based on the time available for evacuation. The OB and Newborn Units' clinical leadership should decide.

Patient Tracking

_____ *(role/title)* will delegate the responsibility of patient tracking at the OB and Newborn Units and staging area.

When a patient leaves or arrives at the Unit, _____ *(role/title)* will record information on the roster. This should include:

- Information from the patient's two identification bands
- The name of the person transporting the patient
- Where the patient is being transported to and from

Document the same information when the patient arrives at the staging area.

Relay the recorded information to _____ *(role/title)* in the hospital command center, who should then relay the information to both _____ *(role/title)* and _____ *(role/title)* of security personnel. (Refer to the completed Important Contacts tables in Appendix A.)

Station a clerk at _____ (for example, the front desk in the main lobby or another central location) who will print patient records from that area.

Social Work Services in the Staging Area

_____ *(role/title)* within social work, family services, psychiatry, child life services or another appropriate department will coordinate and supervise the following activities:

1. Coordinate all mental health-related activities with the command center.
2. Relay the total number of staff on-site to the command center.
3. Assign staff to specific roles and areas (for example, mental health, Family Information and Support Center (FISC), Pediatric Safe Area (PSA) or surge areas) to monitor and address mental health issues as they arise.
4. Set up mental health, FISC and PSA sites, including a private space for mental health staff to meet with families and individuals during the surge or evacuation.
5. Notify parents and legal guardians of all patients being evacuated, discharged or transferred within the facility.
6. Ensure that families of discharged patients have access to care, supplies and other necessary resources.

Table 11. Social Work Services

Service	Standard Location	Alternate Location (for Surge or Evacuation)
Mental Health Services		
Family Information and Support Center (FISC)		
Pediatric Safe Area (PSA)		
[Other]		

Direct family members looking for information to the following phone numbers for evacuation-specific patient information:

- Primary Phone Number: _____
- Alternate Phone Number 1: _____
- Alternate Phone Number 2: _____

Engineering or Facilities Management and the Staging Area

Engineering and Facilities Management will have different procedures to follow depending on where the staging area is located.

_____ *(role/title)* will coordinate and supervise the following activities.

Activities

_____ *(role/title)* within social work, family services, psychiatry, child life services or another appropriate department will coordinate and supervise the following activities:

1. Coordinate all activities with the command center.
2. Relay the total number of staff on-site to the command center.
3. Relocate supplies to staging and surge areas.
4. Set up a decontamination area as necessary.
5. Manage electrical, heating and air conditioning.
6. Manage oxygen supply, suction and other gases.
7. Provide food, water, clothing and shelter for at least 96 hours.

Electrical Outlets and Power

Electrical outlets should be available in all surge and alternate rooms. Red outlets (generator-powered) should also be available in all surge and alternate rooms, ideally one per bed.

Plan Deactivation

The plan will be deactivated under the following circumstances:

- Evacuation of the OB and Newborn Units is complete.
- The surge event is over.
- _____ (additional deactivation criteria)
- _____ (additional deactivation criteria)

The same person should activate and deactivate the plan. If this is not possible, notify the person who activated the plan of the deactivation.

Staff Notification and Response

_____ *(role/title)* will announce the deactivation of the OB and Newborn Units surge and evacuation plan via _____ (for example, email, overhead paging, text), stating:

_____

(for example, color, code, script).

Upon deactivation of the plan, all staff should report to _____ *(location)* and complete the following activities:

_____

_____

_____

Restoring Staging Areas

Which departments will be responsible for the following tasks?

- Cleaning the area: _____
- Returning equipment: _____
- Replenishing supplies: _____

Debriefing

Hold a debriefing after the evacuation or surge to gather information about the event and to ensure that all staff members' emotional and physical needs are addressed. Everyone involved in the incident should participate.

_____ *(role/title)* will facilitate the debriefing after the incident or at the end of each shift affected by the incident.

- Debriefing Location: _____
- Alternate Debriefing Location: _____

The debriefing will be held _____ *(hours)* after the immediate surge or evacuation is complete.

Hospital Command Center Disassembly

Upon deactivation of the plan, the hospital command center should be the last group to disassemble.

Activities

1. Monitor the deactivation activities of each department involved.
2. Ensure that the staging areas, Family Information and Support Center (FISC) and Pediatric Safe Area (PSA) return to normal operating status.
3. Confirm that all notifications (internal and external) have been made.
4. Facilitate a hotwash[6] with everyone who was involved to discuss the event.
5. Complete an after-action report and improvement plan (AAR/IP).
6. Update the OB and Newborn Units surge and evacuation plan to reflect the AAR/IP.

_____ *(role/title)* will facilitate a hotwash and document the AAR/IP.

_____ *(role/title)* will update the OB and Newborn Units surge and evacuation plan within _____ *(days or weeks)* and provide it to leadership.

_____ *(role/title)* will notify outside agencies and other external participants of any AAR/IP updates that are relevant to future events.

Learn more about hotwashes and other disaster planning terms in the Federal Emergency Management Agency's glossary by visiting **training.fema.gov** and searching for **FEMA glossary**.

[6]Hotwash: A facilitated discussion held immediately after an exercise or event among those involved. The hotwash captures staff comments, concerns and proposed improvements regarding the event response.

Appendix A: Important Contacts Template

For Table A-1, include personnel who are integral to emergency management or are leaders in their departments. For Table A-2, include those who can activate and deactivate this plan. In both tables, list substitute contacts in case primary contacts are not available. All contact phone numbers must be available 24 hours. List as many numbers as possible for each contact.

Table A-1. Critical Leaders

Department	Title	Name	Work Phone	Mobile Phone	Email
Emergency Management	Emergency Preparedness Coordinator				
Safety and Security	Head of Department				
Social Work	Lead Social Worker				
Environmental	Head of Department				
OB/GYN	Chair of Department (MD)				
NICU	Nurse Manager				
NICU	Administrative Coordinator				
Labor and Delivery	Nurse Manager				
Labor and Delivery	Administrative Coordinator				
Well-Baby Nursery	Nurse Manager				
Well-Baby Nursery	Administrative Coordinator				
Postpartum Unit	Nurse Manager				
Postpartum Unit	Administrative Coordinator				
Antepartum Unit	Nurse Manager				
Antepartum Unit	Administrative Coordinator				
Central Sterile	Director or Manager				

Department	Title	Name	Work Phone	Mobile Phone	Email
Biomedical Engineering	Director or Manager				
Pharmacy	Director or Manager				
Infection Control	Director or Manager				
Linen or Housekeeping	Director or Manager of Department				
Respiratory Therapy	Director or Manager of Department				

Table A-2. Contacts Who Can Activate and Deactivate This Plan

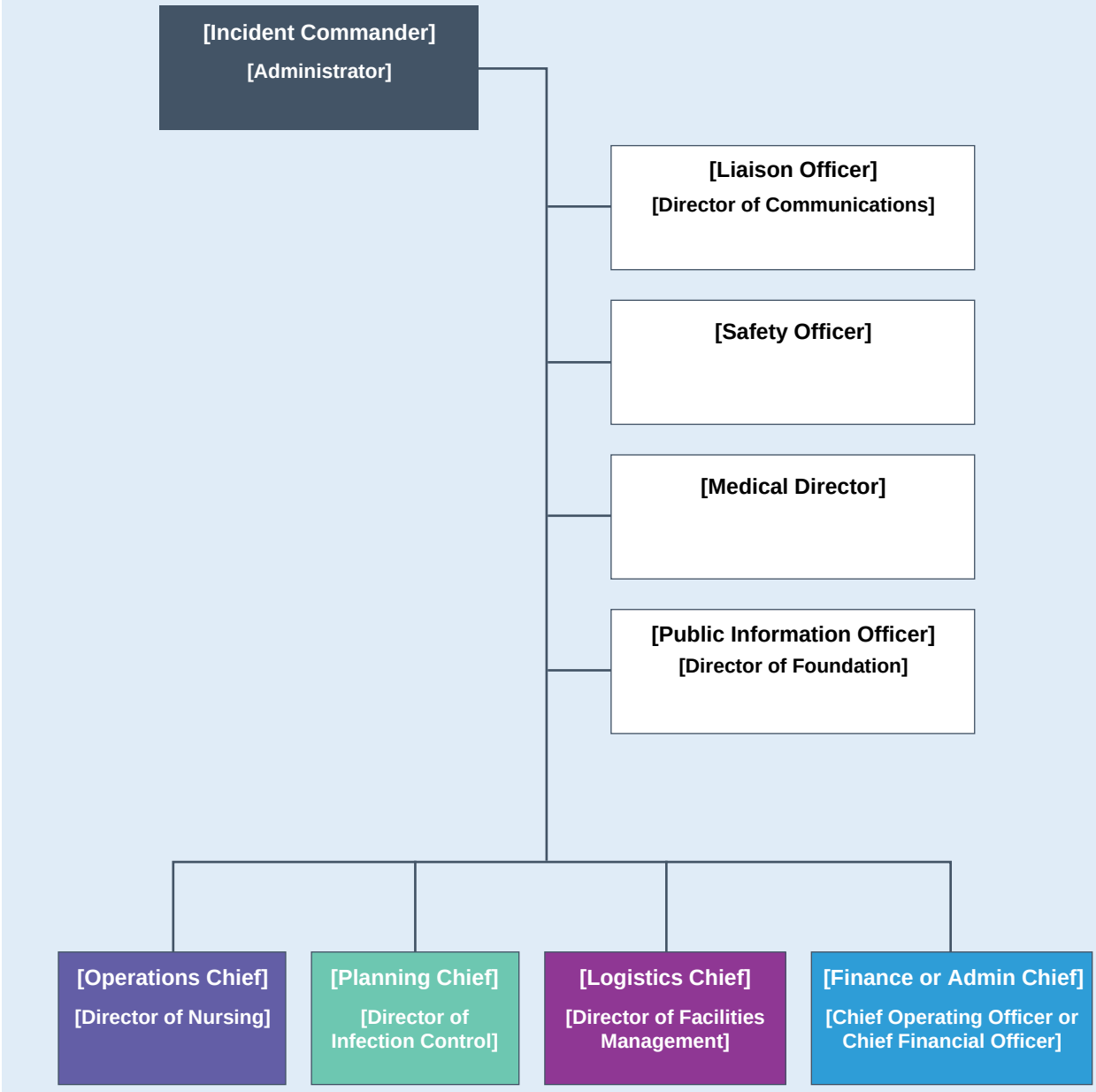
Department	Title	Name	Work Phone	Mobile Phone	Email

Appendix B: Staff Directory Template

Department	Title	Name	Work Phone	Mobile Phone	Email

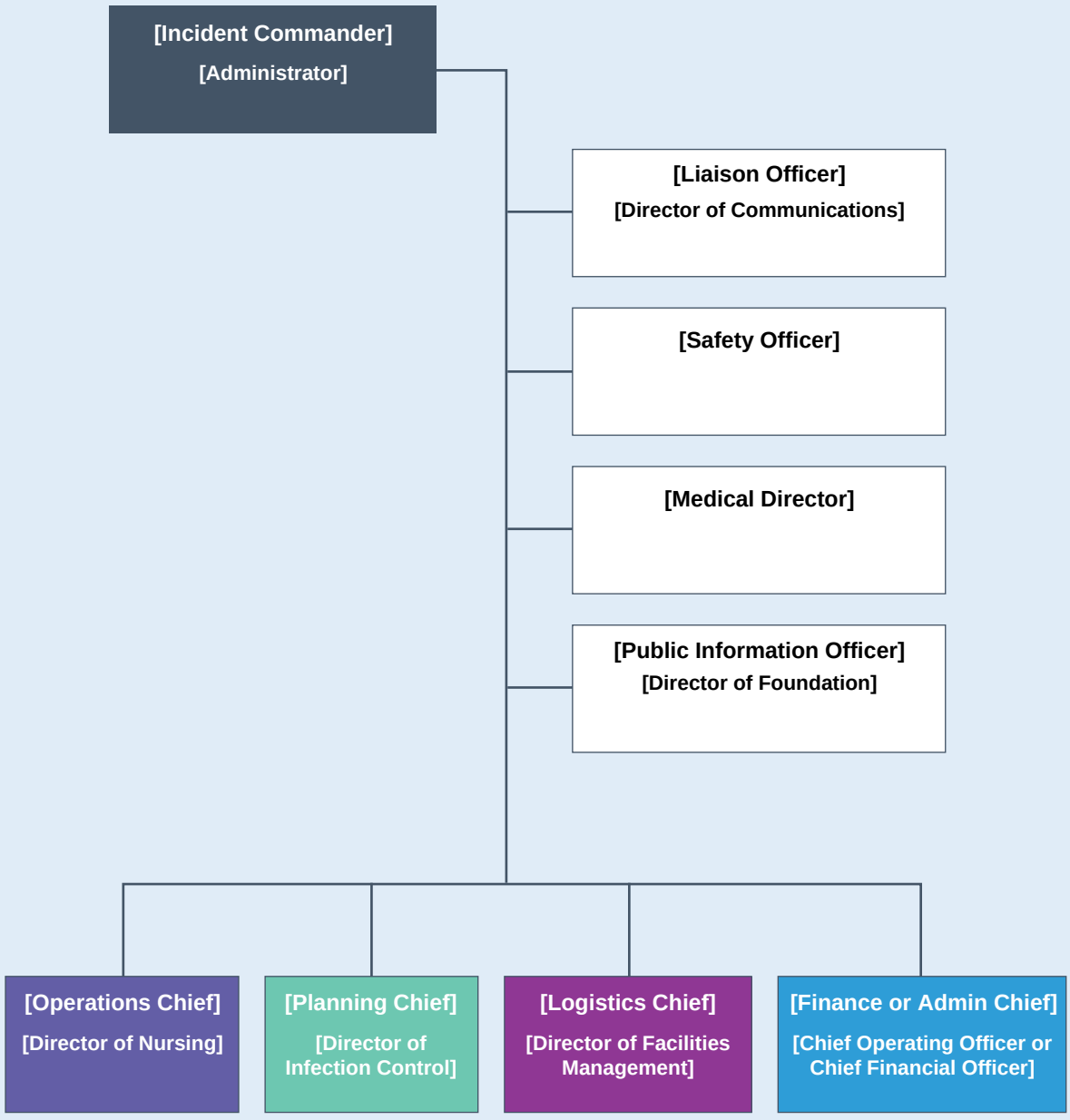
Appendix C: Example Incident Command Structure Chart (Weekdays)

Example Chart for Weekdays



Appendix D: Example Incident Command Structure Chart (Weekends)

Example Chart for Weekends



Appendix E: Guidance Checklist

OB and Newborn Units Surge and Evacuation Plan Guidance Checklist

Use this checklist to ensure that you have completed all key aspects of the template.

		Page	Comments
Getting Started			
☐	Plan Revision		
☐	Unit Locations and Capacity • Address and rooms or floors • Normal capacity • Surge capacity		
☐	Surge Triage Space and Staffing • Surge triage location • Patient-to-clinician ratios		
Pre-Activation			
☐	Impending Threat or Condition • Who will notify the Unit and Unit staff?		
Activation			
☐	Fire and Smoke Emergency • Oxygen		
☐	Immediate Threat		
☐	Who Can Activate the Plan? • Appendix A, Table A-2		
☐	Notifications and Communication		
☐	Hospital Command Center • Roles and activities		
☐	Internal Staff Notification		
☐	Off-Duty Staff Notification		
☐	External Notifications		
☐	Unit Procedures • Medical records • Rapid discharge team		
☐	Equipment and Supplies		
☐	Patient Placement and Transportation • Transfer decisions • Contact information for hospitals that could accept patients • Methods of communication between OB/Newborn Unit and Command Center		
Evacuation Considerations			
☐	Security • Emergency contacts • Horizontal or vertical evacuation • Full evacuation		

☐	Short-Term Staging Areas • Horizontal evacuation staging area • Vertical evacuation staging area • Total or full evacuation staging area • Horizontal evacuation route (insert map) • Vertical evacuation route (insert map) • Total or full evacuation route (insert map)		
Evacuation Procedures			
☐	Patient Tracking		
☐	Social Work Services in the Staging Area • Mental health location • Family Information and Support Center (FISC) location • Pediatric Safe Area (PSA) location • Event-specific patient information • Phone number for parents		
☐	Engineering/Facilities Management and the Staging Area		
Deactivation			
☐	Conditions for Plan to Be Deactivated		
☐	Who Can Deactivate the Plan? • Appendix A, Table A-2		
☐	Internal Staff Notification		
☐	Off-Duty Staff Notification		
☐	External Notifications		
☐	Restoring Staging Areas • Who is responsible for cleaning, returning equipment and replenishing equipment?		
☐	Debriefing • Debriefing location		
☐	Hospital Command Center Disassembly		
☐	After-Action Report and Improvement Plan		
☐	Plan Revision		
Appendix A: Important Contacts			
☐	All phone numbers that are pertinent to this plan		

Appendix F: Patient Discharge Log Template for Evacuations

Room	Patient Name	Diagnosis	Attending Approving Discharge	Physician Approving Discharge	Destination	Parental Consent (Yes/No)
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No
						☐Yes ☐No

Appendix G: Transportation Assessment

1. Does the hospital have a self-contained neonatal transport program? ☐ Yes ☐ No
2. Does the hospital have a neonatal transport team? ☐ Yes ☐ No
3. Can the pediatric transport team handle neonates? ☐ Yes ☐ No
    a. If yes, is the transport team ☐ Unit-Based ☐ Free-Standing?
4. Can nurses 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 the hospital have a dedicated communications line? ☐ Yes ☐ No
    a. Phone number: _____
7. Is the hospital's transport service shared with other hospitals? ☐ Yes ☐ No
    a. If yes, which other hospitals share the service? _____
8. Do you have a written agreement with other hospitals to provide transport services? ☐ Yes ☐ No
    a. If yes, how many other hospitals? _____ Which hospitals? _____
9. Is there a contract that guarantees transport service during a disaster? ☐ Yes ☐ No
10. Does your hospital own ambulances? ☐ Yes ☐ No
    a. If yes, how many ambulances does your hospital own? _____
11. Does the hospital rent its ambulance(s) to other facilities? ☐ Yes ☐ No
12. Do you have an in-house transport team but contract with another entity for ambulance(s) (for example, commercial, FDNY or other)? ☐ Yes ☐ No
    If yes,
    a. With whom do you contract? _____
    b. How many ambulances have you contracted for at one time? _____
    c. Who manages this contract? _____
    d. Email and phone for the person managing the contract: _____ _____
13. Does the hospital employ a full-time emergency medical services (EMS) crew? ☐ Yes ☐ No
14. Does the hospital hire an EMS crew for each request for ambulance use? ☐ Yes ☐ No
15. Does the hospital's full-time transport crew include MDs? ☐ Yes ☐ No
16. Does the hospital's full-time transport crew include RNs? ☐ Yes ☐ No
17. Does the hospital's full-time transport crew include RTs? ☐ Yes ☐ No
18. Does the hospital own or rent monitoring equipment used for transport? ☐ Own ☐ Rent
19. Does the hospital bring additional equipment during transport? ☐ Yes ☐ No
    a. If yes, what additional equipment? _____
20. Does the hospital have the following specialty equipment?
    a. Jet ventilators: ☐ Yes ☐ No
    b. Isolettes with ventilator: ☐ Yes ☐ No
    c. Isolettes with high frequency: ☐ Yes ☐ No
21. How many **concurrent** neonatal transports can the hospital run? _____