

Adapted for Alameda Health Consortium clinics

Section: Emergency / Disaster Plan II	Policy Number:
Title/Subject: Clinic Evacuation	Reviewed:
	Revised: 12/09
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Purpose: The purpose of this Emergency Evacuation Plan is to ensure that the _____ clinic are prepared for and able to respond to an emergency by the successful evacuation of a site due to emergency conditions. The goal of this plan is to help the clinic maximize the personal safety of patients and staff in the event of an emergency.

Definition of an Emergency: This plan defines an ‘emergency’ as an unplanned event that can cause physical injury to our staff, patients of the public, or that can disrupt and damage our clinic operations. Examples would include but are not limited to: fire, flood, bomb threat or other civil disturbance, etc.

Scope: All staff and sites.

Policy: It is the policy of _____ to ensure the safe and efficient evacuation of staff and patients in the event of an emergency. Staff shall be trained in safe evacuation practices at their respective worksites. Staff shall be familiar with the evacuation duties associated with their job description.

Regulatory Citations: CFR 460.72 (c) (iv); CCR Title 22, 78423(b)(2)\

Procedures:

- I. The decision to evacuate a clinic site will be made by the Fire or Police Department, Agency Executive Director, the Clinic Manager or designee, or other person in charge at the time.
- II. When an evacuation is needed the Clinic Manager or designee or the highest ranking employee is in charge of coordinating the clinic evacuation and takes on the role of the Incident Manager/incident commander.
- III. Evacuation Maps outlining safe routes of exit are located throughout each clinic. All staff members should familiarize themselves with the maps, their location, and their specific staff responsibilities.
- IV. Staff will be notified via _____ of the need to vacate the building. In the event the _____ system is inoperable the alert will be conveyed by way of _____.
- V. Safety leaders: a clinic staff person and backup in each area of the clinic are appointed to coordinate the evacuation of that area of the clinic, ensure that all persons have left and doors are closed. At _____ site the safety leaders are:
 - A. Area: _____ Leader: _____ alternates: _____

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VI. Staff shall use the following general evacuation procedures:

Immediate Danger:

- A. Move patients who are closest to the danger toward the nearest and safest exit first.

General Evacuation:

- B. Patients, whether in danger or not, should be moved in the following order, beginning near the danger area:
1. Ambulatory (no assistive device and walker users)
 2. Non-ambulatory (wheelchair, stretcher or injured).

Assist Non-Ambulatory:

- C. First, move ambulatory patients toward and out the nearest and safest exit. A staff person should accompany them. Do not leave ambulatory patients without clear instructions.
- D. Next, move non-ambulatory patients toward and out the nearest or safest exit.

Evacuation Assistance Teams:

- E. The safety team leader or incident commander will make the decision whether to await Fire Department assistance or activate the Evacuation Team members to move non-ambulatory patients to safety.
- F. Patients unable to evacuate on their own can be moved by a two-person carry, placing them on a blanket or other assistance device and moved to a safer place.
- G. If there are patients or staff on an upper floor who are unable to ambulate down the stairs and the elevators cannot be used, they will be assisted by Evacuation Assistance Team members. Team members are to be trained in two-person carries and the use of evacuation equipment such as stryker chairs, safety chairs, blanket carry devices or evacuation sleds. The evacuation equipment available at the clinic are located in the _____.

Door/ Flow Monitors:

- H. A staff person will be assigned to act as doorway monitor in each clinic area to prevent doubling back.

Assembly:

- I. Patients evacuated will be assembled in the following collection areas, depending on the door from which they were evacuated or the safest area from the danger point.
- -
 -
- J. At least one healthcare worker will stay with patients at the collection areas and assist the Clinic Receptionist to check and make sure all patients are accounted for.
- K. Clinic Receptionist is responsible for bringing the *Daily Attendance Log* out of the building; doing a head count; and recording where patients have been transferred if they do not re-enter the facility.
- L. A staff person will remain with patients until authorization to re-enter the facility is obtained, or until patients have been released to return home or transferred to a hospital or other clinic.

Reporting:

- M. All clinic staff should communicate with each other to assure all patients have been evacuated and returned to the clinic when re-entry is allowed.

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- N. All safety monitors/ team leaders/ department heads will report the status of their unit/ building to the Incident Commander or their designee. No one (including patients) should leave until all persons are accounted for.
- O. The Clinic Manager should inform fire department or other emergency responders if any patients or staff are unaccounted for.

Leadership/ Incident Command System:

- P. If there is no prompt response from local emergency response agencies Incident Command shall be established from among clinic leadership to set goals and determine next steps.
- Q. Staff should direct all media requests for information about the situation or condition of patients/staff to the Executive Director or Public Information Officer. If s/he is unavailable, a Clinic Manager should respond to media inquiries. Staff should not provide information to reporters unless specifically directed to do so by the CEO or Incident Commander.

Drills:

- R. Each clinic site will conduct *four* evacuation drills per year, one of which will include a training / orientation on evacuation procedures for all employees.

SPECIAL INSTRUCTION:

FIRES:

1. A clinic site will be evacuated if a fire alarm is activated. All staff are required to activate a fire alarm for any fire that cannot be extinguished quickly and safely.
2. In case if a fire, employees should call 911 on a landline or activate the nearest fire alarm box. The RACE procedure should be followed.

R – RESCUE all persons from the immediate area of the fire.

A – ALARM (ACTIVATE) the nearest Fire Alarm Pull Station or call 911 on a landline. Alert the clinic operator and/or the Clinic Director to report the location of the fire and have them announce “Code Red”.

C – CLOSE ALL DOORS in the immediate area of the fire to control movement of smoke.

E – EXTINGUISH the fire with a fire extinguisher if it is very small and confined to a small area. IF the fire is too large or there is excessive smoke or heat, close the door to contain the fire; then EXIT and EVACUATE the area.

Fire extinguishers shall be clearly marked, visible and positioned near the exit. You should never move closer to a fire in order to reach a fire extinguisher.

Small fires can be extinguished by personnel trained to use a fire extinguisher. Annual training on fire extinguisher usage shall be provided. All staff are required to attend.

Never enter a room that is filled with smoke. Before opening a door feel to see if it is hot. Never open a door or enter a room where the door is warm to the touch.

Smoke kills! Do not attempt to exit through a smoke filled hallway. Close the door. If practical, seal around the door with wet cloths. Move as far away from the danger as you can. Signal for help from a window and notify Incident command or a coworker by phone if possible.

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If you are in imminent danger from the fire and must exit through smoke cover your nose and mouth with a (damp) cloth, drop to the ground and crawl out. There is sometimes breathable air along the floor. Do this only if you have no other choice.

If you find someone with their clothes on fire smother the flames with a blanket/ jacket or your body. If your clothes are on fire roll on the ground to smother the flames.

ELEVATORS

For those sites with elevators. **DO NOT USE THE ELEVATOR IN A FIRE OR IF THERE HAS BEEN DAMAGE TO THE BUILDING UNLESS AUTHORIZED BY THE FIRE OR POLICE DEPARTMENT. USE THE STAIRS.**

Use extreme caution when evacuating via stairs. Use the hand railing and do not push or rush other evacuees. Everybody has a right to safe evacuation.

Post a floor monitor at elevators to direct patients and staff to the closest stairway or safest exit route.

EARTHQUAKES:

During earthquakes assist patients to “duck, cover and hold” until the shaking stops.

DUCK under a table or piece of sturdy furniture

COVER your head with your arm or hand.

HOLD onto the furniture to stay protected by it

As you evacuate look for and be aware of hazards and unstable structures around you. Look for the least damaged way out and direct others.

The area just outside of a building is the most hazardous during an earthquake. Direct patients away from exits where there is still falling debris or unstable overhead structures.

Be cautious of stairways which sometimes pull away from their attachment to the landings.

If the building is damaged turn off the power (electricity) at the main building switch to avoid accidental fires and electrocutions.

Turn off gas **ONLY** if you smell gas or you hear escaping gas or as directed by the fire department.

If practical have a staff person trained in “light search and rescue” scout out the safest routes out of a damaged building before beginning full evacuation.

REPORTING to Incident Command Team/ Response Leadership

Accounting for all staff and patients, hazard/damage assessment and providing direction to the response teams are the critical responsibilities of leadership.

If there is no prompt response from local emergency response agencies Incident Command shall be established from among clinic leadership to set goals and determine next steps.

All safety monitors/ team leaders/ department heads will report the status of their unit/ building to the Incident Commander or their designee. No one (including patients) should leave until all persons are accounted for.

When they arrive the Incident Commander or designee should inform fire department or other emergency responders if any patients or staff are unaccounted for.

SAFETY TEAMS

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Some clinics may develop site specific “early response teams” for situations where local response agencies may be delayed. Preparation includes selecting volunteers, training, essential supplies, establishing reporting procedures and integration into clinic emergency response plans.

Based upon neighborhood response models those teams might include:

- Early fire suppression – quickly detect and extinguish small fires, assess & contain larger fires. Trained in use of fire extinguishers, lay out of buildings & working safely as a team
- Light Search and Rescue – to systematically sweep all buildings, perform “light” rescues as appropriate, track those they cannot reach/extricate. Trained in use of evacuation devices & working safely as a team.
- Disaster Triage, First Aid base, mobile medical teams & patient tracking
- Staff support: shelter, food, water, family communication
- Patient tracking and family notification – accounting for patients in the facility at the time of the emergency and tracking patients transported away from the site or treated and released.

RESPONSIBILITIES BY POSITION:

VII. Site specific staff responsibilities by position/area:

MAIN SITE

Executive Director / Executive Assistant

- A. Ensure Executive Office is evacuated and door closed and marked.
- B. Provides policy advice and support to Incident Commander (IC). Might fill role as IC.

Clinic Manager

- A. Directs and supervises overall fire and disaster response operations.
- B. Announces evacuation through internal clinic systems.
- C. Alerts other tenants in building.
- D. Establishes a command post near, but separate from, patient congregation area for directing operations, managing staff activities and coordinating with fire, EMS and law responders.
- E. Ensures assigned staff or backups have searched each area to evacuate patients and staff according to clinic evacuation plan, and ensures that external doors are closed when patients have been evacuated.
- F. Ensures that doorway monitors are in place to prevent evacuees from returning to the facility before authorized to do so.
- G. Coordinates action with Police/Fire Department.
- H. Authorizes patient and staff re-entry into facility as permitted by Police/Fire officials.
- I. Establishes public information center to assist relatives and media, if necessary.
- J. Assures that all staff procedures outlined in this policy are executed.
- K. Completes an Incident Report form and immediately notifies Executive Director of the incident.

Lead Clinic Nurse

- A. Oversees evacuation of patients and staff from clinic area according to clinic evacuation plan.
- B. Establish or assist in triage & disaster first aid.
- C. Provides continuing nursing care as far as necessary, possible and practical.
- D. Safeguards patients under all conditions.
- E. Ensures identification and tracking of patients triaged, treated or transported.
- F. Performs other duties as directed by Clinic Manager, Medical Provider or official in charge.
- G. In the absence of the Clinic Manager, assures that all staff procedures in this policy have been executed.

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MD and Nursing Staff

- A. Establish safe and protected triage area as needed.
- B. Triage and provide medical care/ first aid to any ill or injured patient and staff as appropriate to the situation and available resources
- C. Arrange transport to ER or other medical facilities as needed & able.

Lead Medical Assistants

- A. Ensure patients and staff in their respective work areas evacuate during an emergency according to the clinic evacuation plan. Close doors to area. **DO NOT LOCK DOORS.**
- B. Assist in establishing and providing triage and disaster first aid as appropriate or needed.
- C. Assist nursing staff as needed at collection area.
- D. Report to Clinic Manager or official in charge that his/her area of the clinic was evacuated. Perform other duties as needed.

Medical Assistants

- A. When informed of evacuation order or when fire alarm is activated, announces evacuation to all patients.
- B. Lead patients to appropriate door and then to appropriate exit. Lead Medical Assistant follows evacuating patients to ensure all rooms have been evacuated.

Clinic Administrative Assistant

- A. As directed by the Clinic Manager, contacts local service agencies such as the fire department, law enforcement agencies and other disaster agencies.
- B. Assists with Telephone Alert.
- C. Takes out of the building the *Daily Attendance* and *Sign In and Out Log* and assist with head count at the collection clinics to assure that all patients, staff, registry and visitors have been removed from the building.
- D. Ensures Administrative Area is evacuated.
- E. Performs other duties as directed by Clinic Manager or other official in charge.
- F. Logs where patients have been transferred and records on medical records after disaster if Medical Clerk is unavailable.

Receptionist/Front Office Staff

- C. Ensure reception area is evacuated.
- D. Take daily sign-in log to congregation area.
- E. Record names of evacuated patients.
- F. Ensures children separated from parents during evacuation are re-united with parents or monitored until their parents are located.

Medical Records Technician

- A. Ensures medical records area is evacuated.
- B. If there is time, secure the medical records area.
- C. Assists Receptionist with assigned duties.
- D. If Receptionist is not present at time of evacuation, performs his/her duties.
- E. Performs other duties as directed by Clinic Manager or official in charge.

Other Staff Duties as Assigned by Clinic Manager

- A. Assist patients during evacuation.
- B. Ensure areas are evacuated.
- C. Assist evacuation specialty teams as assigned/ needed

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- D. Monitor doors.
- E. Stay with patients in collection area.

Specific Area Instructions

- A. Reception Area – Receptionist announces to patients to exit facility through front entrance. Receptionist takes daily sign-in log to congregation area.
- B. Patient Care Area – Lead Medical Assistant starts at end of hall and moves patients and staff from exam rooms, medical records, and offices through reception area to exit. Close doors after search. Do not lock them.
- C. Front Office / Financial Area – Financial staff ensure area is evacuated and close doors behind them.

VIII. SITE _____

Clinic Manager

- L. Directs and supervises overall fire and disaster response operations.
- M. Announces evacuation through internal clinic systems.
- N. Alerts other tenants in building.
- O. Establishes a command post near, but separate from, patient congregation area for directing operations, managing staff activities and coordinating with fire, EMS and law responders.
- P. Ensures assigned staff or backups have searched each area to evacuate patients and staff according to clinic evacuation plan, and ensures that external doors are closed when patients have been evacuated.
- Q. Ensures that doorway monitors are in place to prevent evacuees from returning to the facility before authorized to do so.
- R. Coordinates action with Police/Fire Department.
- S. Authorizes patient and staff re-entry into facility as permitted by Police/Fire officials.
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- U. Assures that all staff procedures outlined in this policy are executed.
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- F. Arrange transport to ER or other medical facilities as needed & able.

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- E. Ensure patients and staff in their respective work areas evacuate during an emergency according to the clinic evacuation plan. Close doors to area. **DO NOT LOCK DOORS.**
- F. Assist in establishing and providing triage and disaster first aid as appropriate or needed.
- G. Assist nursing staff as needed at collection area.
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- A. Assist patients during evacuation.
- B. Ensure areas are evacuated.
- C. Assist evacuation specialty teams as assigned/ needed
- D. Monitor doors.
- E. Stay with patients in collection area.

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- D. Reception Area – Receptionist announces to patients to exit facility through front entrance. Receptionist takes daily sign-in log to congregation area.

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- E. Patient Care Area – Lead Medical Assistant starts at end of hall and moves patients and staff from exam rooms, medical records, and offices through reception area to exit. Close doors after search. Do not lock them.
- F. Front Office / Financial Area – Financial staff ensure area is evacuated and close doors behind them.

Attachments: *Evacuation Maps*
Daily Attendance Log (Participants)
Sign In & Out Log (Staff & Visitors)