

# **CHC EVACUATION PLAN**

A template provided by the  
Indiana Primary Health Care Association

## CHC Evacuation Plan

The CHC may be required to evacuate secondary to fire, bomb, or other type of threat or for other reasons as determined by the Executive Director or designee. The Executive Director should appoint the Safety Officer as the point-of-contact for evacuation planning.

All CHC staff will be oriented and briefed/trained annually on the following:

- All physically capable staff should assist in removing patients, visitors, and staff from the area of fire (or other damage) or from the building, as applicable.
- Close all doors and windows.
- Leave lights on, but turn off electrical equipment.
- Pre-designated "evacuation routes" should be posted throughout the CHC. Signage should be visible, obvious, and bilingual.
- Pre-designated external assembly areas should be identified and known to all staff. (If possible, area should be covered, in the event of inclement weather.)
- The CHC Safety Officer or other individual appointed by the Executive Director is responsible for "oversight" of the evacuation and assembly area. All emergency communication (re: leaving or re-entering the facility) should be coordinated through the Safety Officer.
- NO ONE should re-enter the CHC until "all clear" is determined by local police, fire, or other responsible official. (Executive Director or designee would have initially requested emergency notification of local authorities.)

### Patient Evacuation

- Patients will be evacuated to the designated external assembly area in the following order of priority:
  - a. Those in immediate danger.
  - b. Wheelchair-bound patients (and visitors/staff.)
  - c. Ambulatory patients (and visitors/staff.)
- A staff member should be designated to remain with evacuated patients/visitors and to prevent their re-entry in the CHC.
- Ideally, staff members posted at building exits and at external assembly area should have two-way radios.
- Local authorities (fire, police, etc.) should conduct a search of each CHC room, ensuring total evacuation.
- A designated staff member will prepare a list of all evacuated patients and staff, for comparison to patient sign-in sheets and employee work schedules.
- The Clinical Coordinator or designee will provide a list of those evacuated and those injured, along with the situation status to the Executive Director.
- Staff will remain with evacuated patients until they are safe and able to independently return home or until family or custodian can transport patient to residence.

## **Emergency Operations Plan**

The Emergency Operation Plan should include:

- CHC schematic that depicts exits, fire extinguishers, phones, and other communication equipment.
- Established meeting place in case of evacuation. If it is possible to meet in a nearby building, be sure to have a Memorandum of Understanding (MOU) in place with that building/company.
- Simple instructions on how to shut off utilities (gas, electricity, etc.) and how to access emergency power.
- Plan for tracking where patients and staff are in case of evacuation. This would include procedures to identify who is in the building including staff, visitors, vendors and patients. Additionally, patient lists would prove useful if having to call to cancel appointments in the event of building closure.

All CHC staff should review the contents of the Emergency Operations Plan at least annually.

## **Preparedness Planning**

As with any emergency, personal and professional planning is the key. One way to insure that the evacuation procedures would work efficiently is to make sure that appropriate “go kits” are available to designated staff and that the designated staff are responsible for bringing the kits with them. Here is a listing of some ideas for what “go kits” could contain:

### **Medical:**

#### **OSHA First Aid Kits**

- 3 - Knuckle Bandages
- 4 - Latex Barrier Gloves
- 30 - Adhesive Bandages(3/8" x 1 3/4")
- 50 - Adhesive Bandages(3/4" x 3")
- 4 - Sterile Sponge Dressings(2" x 2")(2 in 1 pack)
- 4 - Sterile Sponge Dressings(3" x 3")(2 in 1 pack)
- 4 - Sterile Sponge Dressings(4" x 4")(2 in 1 pack)
- 1 - Tweezer
- 10 - Cotton Tip Applicators
- 1 - Scissor
- 1 - EyePad (2" round)
- 2 - Gauze Rolls
- 2 - Burn Cream Packets
- 15 - Alcohol Prep Pads
- 15 - Antiseptic Towelettes
- 10 - Non-Aspirin Tablets
- 3 - Providone Iodine Prep Pads
- 1 - Triangle Bandage
- 2 - Sting Relief Pads
- 1 - Waterproof Tape Roll (1/2" x 2 1/2"yds.)
- 2 - Ammonia Inhalant Pads
- 2 - Antibacterial Ointments
- 2 - Finger Splints
- 1 - Instant Chemical Cold Pack
- 1 - Safety Pin
- 1 - Eyewash (1/2 oz. bottle)
- 1 - First Aid Instruction Guide
- 1 - Water & Dust Gasket Seal
- 2 - Polybags
- 1 - Dispenser Tray

Safety Officer:

Go Kit Contents for Safety Officers: <http://www.simplerlife.com/floorwarkit2.html>

- 1 - Hard Hat
- 1 - pair Goggles
- 1 - Dust Mask
- 1 - pair Work Gloves
- 2 - pair Exam Gloves
- 1 - Flashlight w/Alkaline Batteries
- 1 - Lightstick
- 1 - Whistle
- 1 - Vest
- 1 - Multi-function Knife
- 1 - Notepad
- 1 - Pencil/Pen Set
- 1 - CPR Mask
- 1 - Shock Blanket
- 2 - 5" x 9" Sterile Pads
- 2 - 3" x 5" Sterile Gauze Rolls
- 1 - Deluxe 1 Patient Medical

Other items to consider:

- Orange vests
- 2-way radios (w/ extra batteries)
- Copy of CHC Emergency Management Plan

Executive Director/Operations/Emergency Manager:

- Insurance Information
- Financial Reports
- Employee Contact List
- Contact List of other to contact in an emergency

Patient Tracking:

- Patient Logs
- Visitor Logs

Employees:

Employee Evacuation Safety Kit <http://www.simplerlife.com/emevsakit.html>

- 2 - Particle Masks
- 1 - 5 yr Life Water Pouch
- 1 - 3-4 yr Life Light Stick
- 1 - Emergency Blanket
- 1 - Whistle w/ Lanyard
- 1 - Ziplock Bag

For lists of what to include in a personal "go kit", see the following internet sites:

FEMA - <http://www.fema.gov/plan/prepare/basickit.shtm>

Red Cross - [http://www.redcross.org/services/prepare/0,1082,0\\_91\\_00.html](http://www.redcross.org/services/prepare/0,1082,0_91_00.html)

Below are different scenarios you may encounter that could trigger an evacuation.

*(Information used from the National Institute of Health – NIH Emergency Management/Continuity of Operations Program Overview Briefing, December 2006.)*

**Fire:**

- If possible, confine fire by closing all doors. Fill gaps under doors with damp cloth, if available, to contain smoke.
- Pull/activate the nearest fire alarm box and notify others in the area of the emergency. If the fire alarm is not directly connected to the Fire Department, you will need to dial 911 and report the fire.
- Begin evacuation procedures noted above.

**Chemical, Biological or Radiological Release:**

- Leave the room and close doors. Do not open the windows. If applicable and safe to do so, use absorbent material to keep the substance from spreading.
- Remove contaminated clothing/shoes before entering a clean area.
- Wash any body parts that may have come in contact with the material.
- Call 911 and report the emergency.
- Begin evacuation procedures.
- After evacuating, do not permit anyone to enter the area until emergency response personnel determine it is safe.
- Anyone who may be contaminated should be restricted to a single staging area. Do not move from this area until directed by authorities. Moving from area to area will cause further contaminate and place others at risk.

**Telephoned Bomb Threat:**

- When receiving a bomb threat DO NOT hang up. Take all threats seriously. Stay calm and take notes. (See attached bomb threat reference card.)
- Try to determine:
  - The exact location of the bomb.
  - The source of the threat.
  - What time the bomb will explode.
  - Background noises that could help identify the caller's location.
  - Characteristics of the caller's voice (gender, age and/or accent).
- Call 911 and pass on all information to the police.
- Do not activate the fire alarm, this may trigger the bomb.* Listen and follow instructions from the police on how to evacuate.

**Suspicious Package/Explosive:**

- Never touch a suspected bomb/explosive.
- Do not use radios and transceiver equipment near the suspected explosive.
- Call 911.
- If evacuation is necessary, leave in an orderly manner and follow the evacuation procedures.

**For Additional Information**

- Go Kit information
- NIH website
- Software to create floor plan diagrams (for fire extinguishers)

