

SECTION 11.20 FACILITY EVACUATION

PROCEDURES TO BE FOLLOWED IN THE EVENT OF EVACUATION OR FACILITY ABANDONMENT IS REQUIRED AT LOMA LINDA UNIVERSITY HEALTH SERVICES

RESPONSE

FULL FACILITY EVACUATION PROCEDURE The authority to order a full hospital facility evacuation resides with senior administrator (e.g. Administrator on-Call, Senior Nursing Administrator, or LLUH Incident Commander when LLUH Command Center has been activated) in consultation with the public safety

Unit Secretary Responsibilities Unit secretaries will support communication during the evacuation process, documentation, and assist clinical staff and Charge Nurse in maintaining patient evacuation documentation and record of patient flow.

Charge Nurse Responsibilities Charge Nurses supervise and manage the evacuation process on unit, document unit evacuation status, and communicate with Patient Placement and/or LLUH Command Center if established.

Charge nurses should obtain patient evacuation status from clinical providers and track overall evacuation status of unit electronically or use downtime procedures and forms (e.g. ICB 254 – Disaster Victim/Patient Tracking form and HICS 255 Master Patient Evacuation Tracking Form). Status of unit evacuation is communicated to unit Patient Placement and LLUH Command Center, if established.

Evacuation Team Responsibilities Evacuation team members are responsible for obtaining available evacuation devices, preparing devices and packaging patients, and moving patients using evacuation routes to external relocation points. Evacuation team members should then offload patient and return the evacuation device unit(s) for use with next patient.

PARTIAL FACILITY EVACUATION PROCEDURE The d

Horizontal Evacuation

First and preferred action for evacuation of patients off unit
Patients are relocated on the same floor to an area which is separate
from the incident area by fire walls, smoke barriers and cross
corridor fire doors.

If moving to the primary horizontal relocation point is not feasible, a
secondary horizontal relocation point is considered before attempting
vertical or external evacuation.

Refer to your Area Specific Evacuation Plan for further details.

Vertical Evacuation

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LLUH maintains a robust safety program and policies designed to minimize life safety and infrastructure damage that would result in the need for partial or full facility evacuation.

Established processes exist for working with local Emergency Medical

The Planning Section will complete the Incident Action Plan(s) and demobilization plan, compiling of incident documentation, and writing an after-action review and corrective action plan.

The Finance Section will compile expenses, recovery cost and estimate revenue, and work towards financial mitigation strategies.

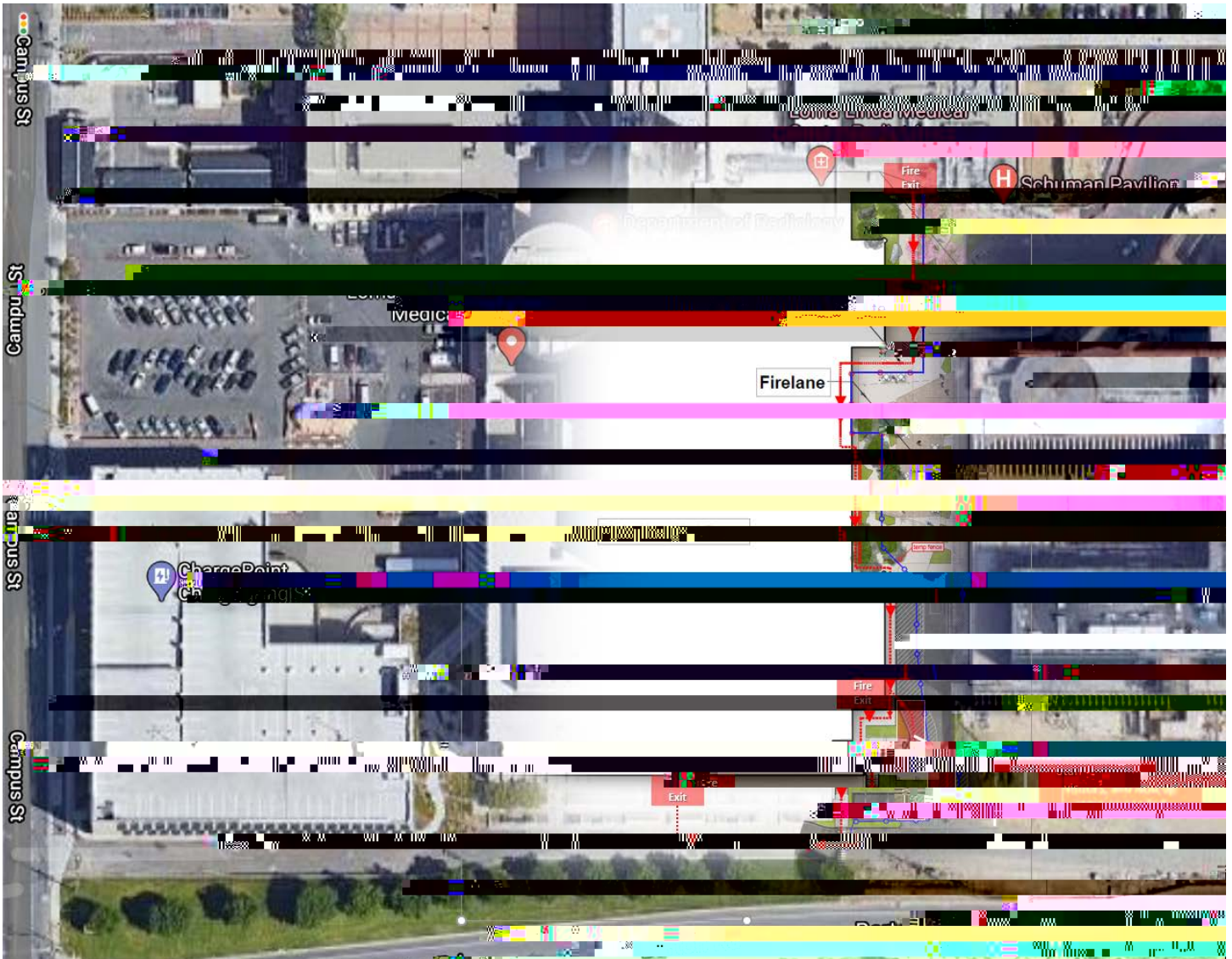
Evacuation
Equipment and
Supplies

At the conclusion of the facility evacuation, all evacuation equipment shall be returned to the staging area designated by the LLUH Command Center.

All reusable evacuation equipment shall be evaluated for suitability for continued use and decontaminated prior to being placed back into service.

SECTION 11.20.A-1 FACILITY EVACUATION APPENDIX

LLUMC/LLUCH - Interim Evacuation Plan (Construction) Effective August 31, 2020



Proceed to designated external relocation points upon exiting building

Staff to assist patients, visitors, and ADA up ramp as needed