



**TITLE: CODE E – EVACUATION PLAN**

**PURPOSE:** To establish protocols for the safe evacuation of patients, families, visitors, and/or hospital personnel.

**SCOPE:** All hospital employees, medical staff, and volunteers

**POLICY:**

Evacuation procedures as outlined in the procedure below will be implemented by staff when authorized by the Incident Commander.

**RELEVANT FACTORS:**

**DEFINITIONS:**

- Code E-1:** Evacuation of an area from one smoke compartment to an adjacent compartment or one floor to another. This type of evacuation is due to an internal event.
- Code E-2:** Hospital wide evacuation to nearby facility such as Koppel Plaza. This type of evacuation could be caused by an internal or external event.
- Code E-3:** Area wide evacuation. This type of evacuation is caused from an external event.

**PROCEDURE:**

**I. NOTIFICATION OF AN AUTHORIZATION FOR EVACUATION**

- A. Code E-1 will become effective when the person with the highest authority on scene deems it necessary to evacuate a department or area due to an internal disaster such as a fire.**

This person will notify the hospital operator to page as follows:

***"Attention hospital personnel":***

***Code E-1 -give directions --- repeat three times***

- B. Code E-2 will become effective when the hospital is notified from an external authority of the need to evacuate the hospital or an event occurs internally that requires the hospital to be evacuated.**

Incident Command Center or Nursing Coordinator will notify the hospital operator to page as follows:

***"Attention hospital personnel":***

***Code E-2 -give directions (for example evacuate to Koppel Plaza, Meschendorf Room, do not use cross walk) --- repeat three times***



**TITLE: CODE E – EVACUATION PLAN**

---

- C. Code E-3 will become effective when the hospital is notified from an external authority of the need to evacuate the area.

Incident Command Center or Nursing Coordinator will notify the hospital operator to page as follows:

*"Attention hospital personnel":*

*Code E-3 -Wait for instruction --- repeat three times*

**II. GENERAL INFORMATION:**

- A. When Code E is paged, employees are to return immediately to their assigned work area or department and wait for further instructions.
- B. The most stable patients and those who can be carried or escorted by family members are evacuated first.
- C. Person in charge may ask selected visitors to remain to assist patients.

**III. EVACUATION PATTERNS**

- A. Evacuation routes will be provided by ICC or Nursing Coordinator.
- B. Evacuate only horizontally and/or downward; never evacuate upward, elevators are to be used only for patient transport after authorization:

Code E-3 evacuation flow will be determined by event and coordinated by ETCH Incident Command Center (ICC).

**IV. COMMUNICATION**

- A. Multi-channel radios will be used for communication between departments during an evacuation. Additional radios to be dispersed as designated by Incident Command Center (ICC).
- B. Charge Nurses on the clinical units will communicate to ICC or Nursing Coordinator (after hours) how many patients are being moved.
- C. Evacuation Status Updates from ICC will be communicated via radio.
- D. Charge Nurses will communicate to ICC patient status post evacuation, i.e. number of patients moved, AMAs, equipment needs, supply needs.

**V. PATIENT TRACKING**

- A. All patients must have an armband or other approved form of identification on their person at all times.



**TITLE: CODE E – EVACUATION PLAN**

- B. Charge Nurses will use report sheet or computer generated census sheet for ensuring that all patients are accounted for before and after the evacuation.

**VI. EQUIPMENT/SUPPLIES**

- A. Portable oxygen tanks and shoulder harnesses will be available and provided by Respiratory Care.
- B. The Charge Nurse on the receiving unit will assist with obtaining needed supplies or equipment from Materials Management or Incident Command Center (ICC).
- C. Spot check pulse oximetry may be substituted for continuous pulse oximetry following an evacuation.

**VII. PATIENT CARE**

- A. Four Transporters per patient are needed for ventilator dependent bed-confined patients during stairway evacuations.
- B. Charge Nurses will collaborate to ensure that all patients are assigned to a caregiver at all times.

**VIII. SECURITY**

- A. Staff will be assigned to each elevator bank by ICC or Nursing Coordinator to assure appropriate use of elevators for patient evacuation as first priority.
- B. Security staff will ensure building perimeter security.

**PRECAUTIONS: N/A**

**SUPPORTIVE DATA:**

- C. Preparedness
  - 1. Staff is oriented to Code E procedures during orientation.
  - 2. Periodic Code E exercises are scheduled by the Emergency Preparedness Committee.

**Policy Owner:** Safety Officer

**References:**

**Related Policies:**

**Related Documents:**

**Origination Date:**



**TITLE:           CODE E – EVACUATION PLAN**

---

**Revision Dates:**       3/06, 7/06, 2/12  
**Last Review Date:**    2/12  
**Next Review Date:**    2/15  
**Date Retired:**  
**Approved:**            Emergency Preparedness Committee  
                              EOC Committee