SECTION 11.20 FACILTY EVACUATION

PROCEDURES TO BE FOLLOWED IN THE EVENT OF EVACUATION OR FACILITY ABANDOMENT IS REQUIRED AT LOMA LINDA UNIVERSITY HEALETHT reserged Unbachiloty.

RESPONSE

FULL FACILITY EVACUATION PROCEDURE

The authority to order a full hospital facility evacuation resides **whith** senior administrator (e.g.Administratoron-Call, Senior Nursing Administrator, or LLUH Incident Commander when LLUH Command

Center has been activate in consultation with the ublic safety

Unit Secretary Responsibilities

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

Charge Nurse Responsivities

Charge Nurses supervise and manage the evacuation process on unit document unit evacuation status, and commateiwith 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 u downtime procedures and forms (e.glCB 254 – Disaster Victim/Patient Tracking form and HICS 255 Master Patient Evacuation Tracking Form Status of unit evacuation is communicated to unit Patient Placement a LLUH Command Center, if established.

Responsibilities

Evacuation Team Evacuation team members are respirator obtaining available evacuat devices, preparing devices and packaging patients, and moving patier 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 of patiness of unit Patients are relocated on the same floor to an area which asated from the incident area by fire walls, smoke barrients cross corridor fire doors.

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

Refer to your Area Specific Ecuation Plan for further details.

Vertical Evacuation

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LLUH EOP Section 1120

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

Established processexist 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 after-action review and corrective action plan.

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

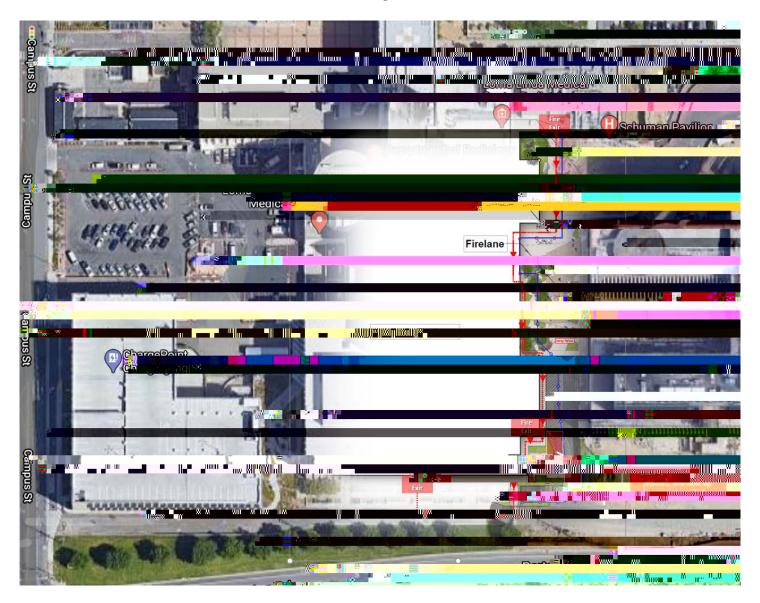
Evacuation Equipment and Supplies

At the conclusion of the facility evacuation, all evacuation equipment s be returned to the staging area designated by the LLUH Command $C\epsilon$

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

SECTION 11.20.A-1 FACILTY 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 asched