

Wisconsin Veterans Home at King

EMERGENCY PLAN - Evacuation

Date of Origin: 2005	No.: 14-00-01M
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Applies To:

- All Wisconsin Veterans Home at King (WVH-K) staff, members, volunteers and visitors

Definitions:

- **Incident Command System:** Enables a coordinated response among various jurisdictions and agencies. Establishes common processes for planning and managing resources. See Emergency Plan-Incident Command System policy [14-00-01A](#) for more information.
- **Horizontal Evacuation:** Involves moving members in immediate danger away from the threat, but keeping the members on the same floor.
- **Vertical Evacuation:** Involves the complete removal of members and staff from a specific floor in a building. In general, members and staff clear vertically toward ground level whenever possible to prepare for evacuation outside, should it become necessary.
- **Total Evacuation:** Involves a complete removal of members and staff from the facility, and is used only as a last resort. In the event of an evacuation, WVH-K will notify Waupaca County Emergency Operation Center (EOC) and Waupaca County Emergency Government (WCEG). Additional resources should be coordinated through the EOC. The American Red Cross is also a resource to assist in setting up temporary shelters.
- **Alternate Care site:** Facilities may have memorandums of understanding (MOUs) with each other where it is understood if a disaster occurs at one facility, the other facilities would agree to take some or all of their members until normal operations could be restored or other arrangements made. See last page for an example of such a memo. The American Red Cross and the Waupaca County emergency management are also a resource to assist in setting up temporary shelters.

Procedure:

INCIDENT SITE EVACUATION (HORIZONTAL/VERTICAL)

1. When an evacuation is ordered, all available staff are notified to report to a designated area to receive evacuation assignments.
2. Members not on their respective units are directed to return to their respective units or a designated assembly area.
 - A. Ancillary staff (e.g. Dietary Bureau, Physical Therapy, etc.) maintains the census of these members and their room numbers and reports this census to the Operation Section designee.
 - B. Ancillary staff and members remain in place until directed to move to an assembly area.
3. Member prioritization for evacuation:
 - A. Members in immediate danger.
 - B. Ambulatory members.
 - C. Members in wheelchairs.
 - D. Members confined to bed.
4. Staff places an ID bracelet on the member and puts the chart and medications in chart carrier bags, secures the bags, and sends them with the member being evacuated.
 - A. If not already labeled, label any equipment accompanying member such as oxygen tanks, if possible.
 - B. If moving member through a fire area and they are using oxygen, turn off their oxygen until they have cleared the fire.

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5. The nursing supervisor on duty designates a staff person who uses a member roster to check the names of all members in the area(s) being evacuated, and uses the staff daily to account for staff evacuated.
6. The nursing supervisor also assigns another staff person to collect names of visitors being evacuated.
7. If time permits and there is no threat to their safety, staff return to obtain any devices necessary for daily living (glasses, dentures, prostheses) and any other valuables and belongings.
 - A. Staff may also want to collect their own personal belongings at this time.
8. Once a room has been cleared, staff should mark the door frame with the reflective magnet found on the inside of the room, high on the door frame. The magnet should be placed on the hallway side of the door frame near the door handle to let staff know the room is unoccupied. All rooms that are lockable will be locked once cleared. No person may re-enter an evacuated room/area unless directed.
 - A. Staff remains on the right when moving down hallways.
 - B. Staff remains with members in the relocated area until their assigned members have been reassigned/handed off.
 - C. Staff report to their appointed designees within Incident Command System when evacuation of the area has been completed. This may be by radio, phone, or runner.
 - D. Operations manager directs Safety/Security to secure the evacuated area.

RESOURCES FOR EVACUATION

1. Equipment obtained from nursing buildings: mechanical lifts, wheelchairs (electronic and manual), scooters, walkers, canes, etc. Additional equipment may be obtained from Security or Materials Management.
2. Equipment obtained from Security: stair chairs and evacuation sleds used for evacuating members down the stairwells.
3. Resource for Evacuation Cots: <https://www.dhs.wisconsin.gov/publications/P0/p00612.pdf>.

TOTAL EVACUATION

1. Sequence of Evacuation: Incident Command in collaboration with EOC, determines which floors and/or smoke zones are evacuated first and in which order.
2. Except for fire, elevators at WVH-K are used unless staff is directed otherwise.
3. Those floors in most danger or the floors of the incident are evacuated first.
4. Then adjacent floors are evacuated.
5. Otherwise, evacuation starts with the top floor and continues downward.
6. Member Prioritization for evacuation:
 - A. Members in immediate danger.
 - B. Ambulatory members.
 - C. Members in wheelchairs.
 - D. Members confined to bed.
 - 1) If a member is occupying an oversized bed which does not fit through the doorway and is not able to be transferred to a chair, lower the bed to the lowest position.
 - 2) Place a blanket/sheet on the floor, with sufficient help pull the mattress on top of the blanket/sheet, using the corners of the blanket/sheet, pull the member out into the hallway.
 - 3) If there is loss of power or the elevator(s) are unavailable, continue to exit the unit down the stairwell with pulling the member on the mattress.

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7. WVH-King Incident Command identifies area(s) for both Assembly and Member Transport Areas and communicates designated area(s) to staff. See [WDVA 3854](#) Designated Sites for Evacuation.

DESIGNATED ASSEMBLY AREAS

1. Olson Hall
 - A. Inside location - Dining room, multipurpose room and/or tunnel.
 - B. Outside location - Picnic area within courtyard or OH parking lots.
 - C. Move to a sister building using the tunnel or outside if weather condition permits.
2. MacArthur Hall
 - A. Inside location - Dining room, multipurpose room and/or tunnel.
 - B. Outside location - Park and MH parking lot.
 - C. Move to a sister building using the tunnel or outside if weather condition permits.
3. Stordock Hall
 - A. Inside location - Dining room, multipurpose room and/or tunnel.
 - B. Outside location - Picnic area within courtyard, SH parking lot or Cottage District.
 - C. Move to a sister building using the tunnel or outside if weather condition permits.
4. Ainsworth Hall
 - A. Inside location - Dining room, multipurpose room and/or tunnel.
 - B. Outside location - Picnic patio / smoke hut area or Cottage District.
 - C. Move to a sister building using the tunnel or outside if weather condition permits.
5. Central Services
 - A. Using all exits Kitchen staff should assemble on the grass area at the intersection of Mitcher Ave and Cumberlidge Ave. If the event becomes prolonged, event conditions change, or extreme cold/heat conditions arise they will relocate. As a group they will relocate to MH 1st floor.
 - B. Using all exits Central Services/Materials Management staff and Staff Development Trainees should assemble outside the front entrance canopy/covered area. If the event becomes prolonged, event conditions change, or extreme cold/heat conditions arise they will relocate. As a group they will relocate to the OH employee break room or OH B-Wing Corridor.
6. Marden Memorial Center
 - A. Using all exits, third floor Marden staff should direct visitors and members to assemble outside of the library or the small day room. If the event becomes prolonged, event conditions change, or extreme cold/heat conditions arise they will relocate. As a group they will relocate to MH 1st floor.
 - B. Using all exits second floor Marden staff should direct visitors and members to assemble outside and meet at the MH flagpole near the Code Blue Station. If the event becomes prolonged, event conditions change, or extreme cold/heat conditions arise they will relocate. As a group they will relocate to MH 1st floor.
 - C. First floor (basement) Marden staff should move visitors and members to the tunnel. When using the exits lakeside, assemble everyone and move to the MH flagpole near the Code Blue Station. If the event becomes prolonged, event conditions change, or extreme cold/heat conditions arise they will relocate. As a group they will relocate to MH 1st floor.
7. Maintenance Building and Cemetery Staff
 - A. Using all exits the Maintenance and Cemetery staff should exit the building and move to the front entrance of the building. If the event becomes prolonged, event conditions change, or extreme

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cold/heat conditions arise they will relocate. As a group, they will relocate to one of the existing out buildings.

ASSEMBLY AREA(S)

1. The following activities take place in the Assembly Area(s):
 - A. Staff maintains care of the member in the Assembly Area(s), continues to assess acuity, and provides essential care.
 - B. Members are assessed for rapid discharge or furlough, if appropriate.
 - C. Incident Command Planning designated person will be responsible for accounting for all staff.
 - D. Incident Command Planning designated person will maintain a log of staff who accompanies members to destination sites with consideration, to the extent possible, for their lodging, food, and other needs.

MEMBER TRANSPORT AREAS

1. Member Transport Areas are designated areas for members being discharged to family and members being transported to Alternate Care Sites. This should be two different locations to prevent congestion. See [WDVA 3854](#) Designated Sites for Evacuation.
2. Members are not moved to Member Transport Areas until there is confirmation there are transportation resources on-site. Until then, members remain in the Assembly Area(s).
3. When a member is being transported to another destination site, staff will make every effort to obtain the following Member Evacuation Information on [WDVA 3852](#).
4. If copies of the Admission Record (formally known as Member Face Sheet) are available, the information listed below that is not already on them may be written on the back.
 - A. Name of building member where member lives.
 - B. Member name (required).
 - C. Date of birth.
 - D. Member identification number.
 - E. Receiving facility (destination site, if known).
 - F. Time discharged from the Assembly Area(s).
 - G. Equipment sent with the member.
 - H. Whether or not family has been notified about the transport of the member to another destination.
 - I. Name of primary attending physician.
 - J. Diagnosis (required).
 - K. Type of isolation (required if applicable).
 - L. Special considerations and precautions (e.g., police hold, mental health, suicide watch, etc., are required if applicable).
 - M. Other information or directives (code status such as "DNR").
5. The Unit Clerk or designee enters demographic information for all members transported, discharged or evacuated, along with the triage tag number (if applicable), into Quick ADT as soon as possible.

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6. The Discharge Leader/designee ensures:
 - A. Each member being transported to an Alternate Care Site has the following information logged on [WDVA 3853](#) Transportation Log for Evacuated Members:
 - 1) The name of the staff person accompanying the member.
 - 2) The transport company and vehicle number.
 - 3) The names of the member(s), being transported in that transport vehicle.
 - 4) The destination site.
7. Each member being transported by private vehicle has the following information logged on [WDVA 3851](#) Transportation Log for Discharged Members:
 - A. The license number of the vehicle.
 - B. The name(s) of the member(s), being transported in the vehicle.

WVH-K INTERNAL TRANSPORTATION RESOURCES

1. King Coach – 33-1/4 inch wide lift platform, large bus platform, 5 w/c spots, 16 ambulatory spots.
2. StarCraft Bus – 33 feet long, 20 passengers not including the driver, 2 w/c, with w/c ramp.
3. 2008 Ford Phoenix Mini-Bus, 2 w/c (extra wide capacity) & 3 ambulatory.
4. 2010 Dodge Caravan, 2 w/c & 2 ambulatory.
5. 2010 Dodge Caravan, 2 w/c & 2 ambulatory.
6. 2008 Chevy Uplander, 2 w/c & 2 ambulatory.
7. 2002 Pontiac Montana, 2 w/c & 2 ambulatory.
8. Pontiac 4 ambulatory.

EXTERNAL TRANSPORTATION RESOURCES

1. Gold Cross Ambulance.
2. Waupaca Taxi Service.
3. Waupaca County vans.
4. Waupaca Area School District school bus system.

THE DESTINATION SITE

1. The person in charge of transportation directs the transportation of members to the various Alternate Care Sites.

REMOTE VEHICLE STAGING AREA

1. To maintain open access to Member Transport Area(s), Incident Command may activate the Remote Vehicle Staging Area. [WDVA 3854](#) Designated Sites for Evacuation.
2. The Remote Vehicle Staging Area leader is responsible for sending vehicles to the healthcare facility Member Transport Area(s) as requested by Incident Command.
3. All private vehicles are documented before being sent to the healthcare facility from the Remote Vehicle Staging Area.
4. The Remote Vehicle Staging leader verifies the following information before sending a private vehicle to the healthcare facility on [WDVA 3855](#) Verification of Transport Vehicle Information.
 - A. License Tag Number of the Vehicle.
 - B. Proof of Insurance.
 - C. Driver's License Number.
 - 1) [WDVA 3855](#) is given to the driver of the private vehicle by the Remote Vehicle Staging Area leader to present to the Transportation leader at the healthcare facility.

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5. No member is released to a private vehicle without obtaining a completed [WDVA 3855](#) from the driver. The Transport leader verifies all the information on [WDVA 3855](#) before assigning a member for transport by the private vehicle.

ALTERNATE CARE SITES

1. Alternate Care Sites are selected from the list in the table; Designated Sites for Evacuation [WDVA 3854](#), whenever feasible.
2. WVH-K should pre-identify Alternate Care Sites and have a Memorandum of Understanding (MOUs) with each facility WVH-King needs to utilize in an evacuation. See [WDVA 3854](#) and sample on the next page.

NOTIFICATIONS

1. The Waupaca County Emergency Management Director and the Division of Quality Assurance (DQA), Wisconsin Department of Health Services (DHS), are notified that the healthcare facility has been evacuated.
2. WVH-K will utilize the WDVA website to post a notification that instructs member representatives and next-of-kin on how to obtain further information on the status of members.

ALL CLEAR

1. In the case of a partial evacuation and shelter-in-place, Incident Command provides directives according to its communications policy, e.g., notify the switchboard to announce “all clear” and “return to normal operations can commence.”
2. In the event of a complete evacuation, the liaison person contacts the EOC, if activated, and requests the local media make an announcement notifying WVH-K employees when they should return to work.
3. The Wisconsin DHS DQA is notified so it can approve the reopening of the evacuated healthcare facility.

RECOVERY

1. Recovery and resumption of business follows the Continuity of Operations Plan.
2. The healthcare facility conducts Critical Stress Debriefing as needed to assist staff in their recovery.

Sample Mutual Aid Transfer Agreement

Memorandum of Understanding for Temporary Shelter and Care Services

This Memorandum of Understanding (MOU) is entered between Wisconsin Veterans Home at King

and _____.

Initiation:

The facilities noted above agree to accept residents from each other in the event of a disaster. A disaster is any event – natural, man-made or technological – in which the facility determines that partial or full evacuation is necessary.

The **Receiving Facility** agrees to be available to the **Requesting Facility** and to implement this understanding at any time 24 hours/day, 7 days/week.

In the event of an emergency, the services of the **Receiving Facility** will be necessary only until it has been deemed safe for the residents to return to the **Requesting Facility** location or the residents have been placed in an alternative setting.

The **Receiving Facility** agrees to provide the below services under this understanding for up to 30 days. If this time limit is reached or the time limit is projected to be reached, the parties will renegotiate this agreement. The **Requesting Facility** will make a good-faith effort to support the **Receiving Facility** services with product/supplies/manpower as available to them:

- Space sufficient to accommodate resident sleeping and/or lounging
- Restrooms
- Electricity to provide light and to supply power to necessary medical devices and/or equipment to care for the residents
- A potable water source or space to accommodate water reserves
- Household supplies
- Medical care (including medication administration)
- Food Service
- Beds/Bed Linens
- Laundry services

The **Requesting Facility** agrees to make a good-faith effort to utilize this **Receiving Facility's** services only as long as necessary and to make a good-faith effort to transfer residents to an alternative site as quickly as possible.

The **Requesting Facility** will provide staff assistance as available to the **Receiving Facility**. The **Receiving Facility** will assign employees to work with transferring facility personnel. The **Receiving Facility** will distribute facility policy and procedures and information related to emergency plans to employees of the **Requesting Facility**. All employees of the **Requesting Facility** will remain employees of the **Requesting Facility** for the purpose of payroll as well as worker's compensation insurance.

The **Requesting Facility** will make arrangements through their pharmacy provider or back up pharmacy provider to provide medications to their residents.

The **Requesting Facility** will make arrangements through their oxygen provider to provide oxygen to their residents. The **Receiving Facility** agrees to store oxygen and oxygen supplies.

Medical Records:

Medical Records will be evacuated and sent in a confidential manner by the **Requesting Facility**. The **Requesting Facility's** Information Technology Staff will assist with access to electronic medical record files. The **Receiving Facility** agrees to maintain confidentiality of all Health Information as dictated by **Health Insurance Portability and Accountability Act**.

Transportation:

The **Requesting Facility** will be primarily responsible for transportation of residents to the **Receiving Facility**. The **Receiving Facility** agrees to utilize appropriate facility-owned vehicles to assist with transport if they own such vehicles.

Insurance Coverage:

The **Receiving Facility** agrees to maintain premises' liability insurance.

Indemnification:

The **Receiving Facility** and the **Requesting Facility** agree to indemnify and hold each other harmless for all claims and damages for all negligent acts or omissions arising out of or as a result of the performance of this agreement.

Payment and Reimbursement:

The **Requesting Facility** agrees to pay the **Receiving Facility** as follows:

If **Requesting Facility** is providing caregiving staff to the **Receiving Facility**, they will reimburse the **Receiving Facility** 50% of **Requesting Facility's** daily Medicaid rate per resident per day.

If the **Requesting Facility** is not providing caregiving staff to the **Receiving Facility**, they will reimburse the **Receiving Facility** 80% of the Requesting Facility's daily Medicaid rate per resident per day.

The **Requesting Facility** agrees to reimburse the **Receiving Facility** for additional expenses as documented and timely reported by the **Receiving Facility**.

The **Requesting Facility** will reimburse the **Receiving Facility** within 60 days of request.

This agreement will be considered in effect until such time as either party provides notification in writing and not less than 30 days prior to the need to cancel or change the agreement.

The Requesting Facility and the Receiving Facility agree to review and update, if needed, this agreement annually.

Facility Name

Facility Name

Name of Facility Representative

Name of Facility Representative

Title of Facility Representative

Title of Facility Representative

Signature

Signature

Date Signed

Date Signed