



Section	Psychiatric Health Facility (PHF)	Effective:	DRAFT
Sub-section	Crisis and Emergency Response	Version:	1.0
Policy	Emergency Facility Evacuation	Last Revised:	New policy
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	New policy	Audit Date:	DRAFT

1. PURPOSE/SCOPE

- 1.1. To ensure compliance with the Centers of Medicare & Medicaid Services (CMS) Emergency Preparedness Final Rule (42 CFR 482.15), emergency preparedness and response health care industry standards set forth by the California Hospital Association, and all other applicable federal, state and local laws.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Emergency** – a hazard or other critical incident that causes adverse physical, social, psychological, economic or political effects that challenges the facility's ability to respond rapidly and effectively to an interruption in normal facility functioning. Emergencies can affect the facility internally as well as the overall target population, the community at large or a geographic area.
1. For purposes of this policy, "Emergency" refers to a facility-level hazard situation, not an individual patient medical emergency. For patient-related medical emergencies, please refer to the "Emergency Medical Condition" policy.
- 2.2. **PHF Leadership** – managerial and executive-level personnel responsible for high-level decision-making, including those involving evacuations. This includes the PHF Chief Executive Officer (CEO), Medical Director, Director of Nursing, Manager, and Nursing Supervisor.

3. POLICY

3.1. The Santa Barbara County Psychiatric Health Facility (hereafter "PHF") shall support the safe evacuation of patients, on-duty staff, visitors, and any other persons onsite during an emergency. Safe evacuation shall include (1) consideration of care and treatment needs of evacuees, (2) staff responsibilities, (3) transportation, (4) identification of evacuation locations, and (5) the primary and alternate means of communication with external sources of assistance.

4. TYPES OF EVACUATION

4.1. **Standard Evacuation.** In a standard evacuation, staff have time to coordinate an evacuation, including gathering of supplies, equipment, and medical records, and triaging evacuation based on a patient's acuity and risk level.

4.2. **Immediate Evacuation.** If an incident or hazard (e.g. fire) poses an immediate and potentially life-threatening danger, an immediate evacuation of the PHF is required. PHF staff will direct patients, visitors and other personnel to exit the building at the nearest emergency exit and to convene at the designated assembly point (e.g. PHF Recreation Yard, Rear Parking Lot, or off-site, as specified). The PHF Team Leader and designated staff will check every room for occupancy and conduct an emergency census following evacuation of the premises.

5. EVACUATION CRITERIA

5.1. An all-hazards and vulnerability assessment was conducted in 2017 by the County's Risk Management division to identify key events and triggers that would require an evacuation response at the PHF. While the following criteria reflects key assessment findings, it is in no way intended to represent all possible evacuation response triggers:

1. Internal hazards that pose a threat to health and safety (e.g. fire, smoke, explosions, hazardous material spill).
2. External hazards that pose a threat to health and safety to persons in the hazard's vicinity (e.g. wildfires, floods).
3. Post-emergency conditions that pose an ongoing threat to health and safety (e.g. shortage of food and potable water supply).
4. Failure and prolonged outage of critical systems, such as water and power generators, with no foreseeable ability to restore these systems or obtain backup subsistence in the immediate future. This inability to restore or obtain backup subsistence would likely occur following severe disaster scenarios such as a high magnitude earthquake.
5. Major structural damage to the PHF unit and/or building that poses an immediate hazard.
6. Bomb threats.

6. **HAZARD IDENTIFICATION AND MANDATORY EVACUATION ORDERS**

- 6.1. **Hazard Identified During Business Hours.** During business hours, if a hazard is identified that may require an evacuation response, the PHF Team Leader or a designee shall notify PHF Leadership immediately. The decision to evacuate is made in consultation with local and County emergency response agencies, including but not limited to law enforcement, fire department, 911/emergency dispatch center, Incident Response/Unified Command, Department of Public Health, and the Emergency Operations Center (EOC).
1. If appropriate to the type of emergency and immediacy of the hazard, PHF Leadership may elect to conduct a partial evacuation for patients requiring additional support and resources due to level of acuity and risk factors. Example: In the case of a nearby wildfire (a likely occurrence in Santa Barbara County), transferring high acuity patients following an evacuation warning can minimize disruption to operations and allow for a faster and safer evacuation of the entire unit if a mandatory evacuation is given shortly after.
 2. **If the hazard poses an immediate and potentially life-threatening danger**, the PHF Team Leader or a designee will call 911 and commence evacuation procedures (see **Section 7 below**).
- 6.2. **Hazard Identified Outside Business Hours.** After business hours, if a hazard is identified that may require an evacuation response, the PHF Team Leader or a designee shall notify the On-call Administrator. The decision to evacuate is made in consultation with PHF Leadership and local and County emergency response agencies as indicated in **Section 6.1** of this policy.
- 6.3. **Mandatory Evacuation Order.** If an evacuation order is given by authorities (e.g. State or local law enforcement, fire personnel, or other emergency response personnel), the PHF Team Leader shall notify PHF Leadership and/or the On-call Administrator immediately and begin evacuation procedures.

7. **STANDARD EVACUATION PROCEDURES**

- 7.1. Evacuation of the PHF should generally be considered as a last resort. Evacuation is the most appropriate response for situations in which sheltering-in-place, hazard mitigation, or other emergency response efforts are not expected to maintain a safe environment. PHF Leadership and local emergency officials must evaluate the nature of the hazard, consider available resources, and continuously reassess the situation as it progresses to determine the best course of action. Consideration should be given to bolstering PHF capabilities and resources if an evacuation could cause greater harm to patients by putting them into a setting that cannot provide an appropriate environment of care.
- 7.2. When the circumstances, proximity, and severity of the hazard require an evacuation response, the PHF Team Leader will hold a briefing with all unit staff to announce the evacuation and assign responsibilities to each staff, including, but not limited to:

1. Packing and transfer of medications, medical supplies and equipment, documentation, and other materials as necessary.
 2. Coordination with receiving facilities for patient transfers.
 3. Coordination of transportation services and vehicle retrieval.
 4. Communication with the pharmaceutical vendor for emergency medication orders.
 5. Notification of off-duty staff and patient family members of plans to evacuate as well as coordination of additional or backup staffing.
 6. Identification of patients that may be safely discharged and expedite the discharge process (NOTE: Expedited discharge should occur only when appropriate to the patient's disposition and risk level. Patients who are likely to destabilize rapidly because they are unprepared to manage external emergency conditions post-discharge will not be discharged).
- 7.3. The PHF Team Leader will assign one staff member the position of Tracking Coordinator. This individual maintains an emergency roster and a tracking log of the locations and movement of all persons in the unit during and after the evacuation.¹
1. The emergency roster and tracking log will be maintained and updated whenever possible, feasible, and safe to do so. In extreme or life-threatening situations, the Tracking Coordinator's priority is to directly assist patients and staff and provide life-saving and life-sustaining care. The immediate health and safety of patients and staff takes precedence over documentation.
- 7.4. When the patients are informed of the evacuation, PHF staff will remain aware that an emergency/evacuation event may compromise the psychiatric stability of the patients, especially those with trauma histories, anxiety, or other high acuity concerns. Patients may be triggered and experience a destabilization. The PHF will strive to minimize the emotional and psychiatric impacts of evacuation on patients.
- 7.5. The PHF Team Leader will identify evacuation challenges and risks for each patient. This includes, but is not limited to, mobility difficulties, medical status, elopement history, trauma history, and seclusion and restraint history. High acuity patients or persons experiencing a medical emergency will be prioritized for evacuation.
- 7.6. If vehicle transportation is necessary, PHF-designated vehicles will be used first. Caged vehicles will be prioritized for high acuity patients and those with a history of elopement. Behavioral Wellness and County motorpool vehicles may also be used. Duplicates of multiple Behavioral Wellness vehicles are retained onsite at the PHF for immediate or afterhours emergency needs. In cases where patients are medically or psychiatrically unstable or high-risk, transportation may be coordinated with law enforcement and American Medical Response (AMR) ambulance services.
- 7.7. PHF staff will instruct evacuees to use stairs, not elevators, to evacuate whenever possible.

¹ Please refer to the PHF's "Emergency Patient, Staff, and Visitor Tracking" policy for further details.

- 7.8. During evacuation, patients will be closely monitored by PHF staff qualified to meet their psychiatric and medical needs, providing appropriate treatment and care enroute to the evacuation site as needed.
- 7.9. Once all persons have evacuated, PHF staff will ensure all doors are fully closed (doors lock automatically) to mitigate unauthorized re-entry.
- 7.10. Evacuation destination sites will be identified based on the proximity of the incident or hazard and its expected duration. For example, local wildfires may require evacuation to out-of-county sites due to unpredictable threats to area structures and air quality. The PHF will ensure arrangements with local and out-of-county facilities to receive patients during an evacuation to ensure safety and continuity of care.²

8. ELOPEMENT RISK

- 8.1. In the event a patient elopes during evacuation, the assigned PHF staff will attempt to redirect the patient to return and, if possible, will pursue the patient at a distance. At no time will PHF staff attempt to physically detain the eloping patient. If the patient moves beyond the boundaries of the Calle Real campus, the staff member will end their pursuit and notify the PHF Team Leader and law enforcement immediately of the patient's elopement.
 1. The Tracking Coordinator will document the elopement on the patient tracking log.

9. HANDLING OF CONFIDENTIAL DOCUMENTS

- 9.1. When feasible, PHF staff will secure and transport hard copies of patient medical records during an evacuation. These patient medical records must be readily available and shareable for staff, emergency response personnel, and the intaking facility in the event of a transfer.
- 9.2. Staff will remain aware that HIPAA protections still apply during an evacuation situation.

10. RETURN AFTER EVACUATION

- 10.1. The PHF Team Leader will await clearance from the Behavioral Wellness Facilities Manager, County General Services, and/or law enforcement and safety personnel as to whether it is safe to return to the PHF following a facility evacuation. Individuals will only return to the PHF once any mandatory evacuation order is lifted, and once PHF Leadership have advised that it is safe and appropriate to return.
- 10.2. Once it is safe to do so, the PHF Team Leader will complete an Unusual Occurrence Incident Report.³

² Please refer to the PHF's "Emergency Transfer Agreements with Other Facilities" for further details.

³ Please refer to the PHF's "Unusual Incident Reporting" policy for further details.

11. COMMUNICATION

11.1. Prior to and during evacuation, analogue telephones and cell phones (if operable) will serve as the preferred methods of contact with PHF Leadership, authorities, and other facilities. Within the PHF, walkie-talkies may be used as a backup form of communication.⁴

ASSISTANCE

Mark Lawler, LPT, PHF Team Supervisor

Ernest Thomas, Behavioral Wellness Facilities Manager

REFERENCE

Code of Federal Regulations – Condition of Participation: Emergency Preparedness
Title 42 Section 482.15(b)(3)

Centers for Medicare & Medicaid Services (CMS)
Emergency Preparedness Final Rule Interpretive Guidelines and Survey Procedures
Ref: S&C 17-29-ALL, 6/2/2017

California Hospital Association
Evacuation and Shelter-in-Place Guidelines for Healthcare Entities. Retrieved from:
<https://www.calhospitalprepare.org/post/evacuation-and-shelter-place-guidelines-healthcare-entities>

RELATED POLICIES/DOCUMENTS

PHF Emergency Response Plan

PHF Emergency Communication Plan

Disaster and Emergency Supplies for Dietary Services

Emergency Patient, Staff, and Visitor Tracking

Emergency Transfer Agreements with Other Facilities

Shelter-in-Place During Emergency

Emergency Subsistence Management

Unusual Incident Reporting

⁴ Please refer to the PHF Emergency Communication Plan for more information on internal and external communication in an emergency situation.

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).

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