
**UNIVERSITY OF ILLINOIS MEDICAL CENTER AT CHICAGO
CLINICAL CARE GUIDELINE**

Subject: Evacuation from 4 West (Mother/Baby / Antepartum) During a Disaster

OBJECTIVES

To provide a safe environment for patients and staff during a severe internal disaster that requires the evacuation of a unit or the entire 4th Floor.

These goals will be achieved by:

- Employee completion of the Safety Module in NetLearning on an annual basis
- Following University of Illinois Medical Center at Chicago Disaster Plan Evacuation Procedure B.3.1 – B.3.5
- All employees reporting to the 4th Floor in the event of a disaster.

POSTION STATEMENTS

1. We at the University of Illinois Medical Center at Chicago believe that patient and staff safety is paramount to the mission of the Medical Center
2. We are committed to providing a safe evacuation for patients, family members, and staff in the event of a severe internal disaster.

DEFINITIONS

Horizontal Evacuation: The relocation of patients, family members, and staff from 'side' of the floor to the other side (e.g. 4 West to 4 East)

Vertical Evacuation: The relocation of patients, family members, and staff from the 4th Floor down to the 3rd, 2nd or 1st Floors.

Total Evacuation: The relocation of patients, family members, and staff from the 4th Floor down and completely out of the 949 Medical Center Building.

UNIVERSITY OF ILLINOIS MEDICAL CENTER AT CHICAGO
CLINICAL CARE GUIDELINE

PROCEDURE

- A. A disaster control area and 4 West administrative team will be established in time of internal disaster.
1. When a 4 West staff member discovers a situation that may require initiation of the internal disaster plan, they must:
 - a. Rescue individuals in immediate danger, if possible.
 - b. Inform the Manager or designee of the type and location of the problem, number of people currently involved and the reporter's name and location.
 2. The Nurse Manager or designee will determine an appropriate disaster control area, dependent upon the location of the disaster situation (i.e. the Post Anesthesia Care Unit, an LDR room, the Triage area, the Resident's Conference Room, the 4123 Conference Room, or 4 West)
 3. The Nurse Manager will contact the Nursing Supervisor in the Nursing Resource Office (NRO). Together, they will assess the situation and determine the need to initiate and announce that the disaster plan is in effect.
 4. An announcement will be made i.e. The nature of the disaster is _____. All Staff not providing patient care report to the disaster control area at _____.
- B. Patients will be triaged and evacuation priority and site will be established.
1. After reviewing sector information, the charge nurse will determine if partial or total evacuation is required and begin preparations.
 2. The Nurse Manager or designee will determine:
 - a. Whether horizontal or vertical evacuation is expected.
 - b. The number of patients, visitors and staff to be evacuated.
 - c. The triage level of the patients.
 3. Potential horizontal sites include:
 - a. 4123 Conference Room
 - b. LDR Room(s)
 - c. Hallway
 - d. Resident's Conference Room
 - e. Neonatal Intensive Care Unit / Intermediate Care Nursery
 4. Potential vertical sites include (lower only):
 - a. Conference rooms, emergency rooms or the cafeteria on the 1st Floor
 - b. The basement hallways, tunnels and central supply.

UNIVERSITY OF ILLINOIS MEDICAL CENTER AT CHICAGO
CLINICAL CARE GUIDELINE

- C. The Nurse Manager or designee will confirm evacuation plans with the personnel of the Receiving site and inform the University Police (6-HELP), Hospital Administration (6-3470) of their plans.
- D. All involved patient care areas will be triaged for evacuation according to the following scheme:
1. Evacuate patients/staff most immediately endangered by cause of the internal disaster.
 2. Next evacuate ambulatory patients and family members / visitors.
 - a. Whenever possible, keep the baby with its mother.
 - b. Place the baby in the crib and push it to the relocation area.
 3. Non-ambulatory, physiologically stable patients should be evacuated next.
 - a. Babies unable to be evacuated directly with the mother should be placed in their crib and pushed to the relocation site.
 - b. When the disaster necessitates a rapid evacuation, an evacuation vest will be utilized to transport 4 babies to relocation site.
 4. Non-ambulatory, physiologically unstable patients should be transported last. (Patients that will not survive without continuous physiologic support).
- E. The 4 West staff will assist in evacuation of patients and supplies necessary for patient stabilization after transport.
1. Ambulatory patients and families should be given their charts, personal belongings and care supplies, lined up in a safe area and led to safety by a staff member.
 2. When possible, a copy of the patient's care plan is transported with the patient.
- F. The 4 West staff are able to demonstrate knowledge of the role within this plan.
1. This plan is included in orientation of all staff working within the 4 West areas.
 2. This plan is reviewed by all 4 West staff annually.
 3. The 4 West staff are able to verbalize the major components of this plan and describe possible roles for their job classification.
 4. The 4 West staff will participate in periodic internal disaster drills.
- G. When the plan is implemented, 4 West staff members exhibits behaviors that promote patient, personnel and physical environmental safety.
1. Disaster drill administrative reports reflect successful plan implementation and staff participation.
 2. resolutions for identified plan deficiencies are utilized to enhance the effectiveness of the University of Illinois Medical Center at Chicago 4 West Mother/Baby / Antepartum Unit's Internal disaster Plan.

UNIVERSITY OF ILLINOIS MEDICAL CENTER AT CHICAGO
CLINICAL CARE GUIDELINE

Reference: UICMC Disaster Plan, Section B Internal Disaster Plan, Chapter 3 Evacuation Procedures B.3.1-B.3.5

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