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| **Relocation and Evacuation**  |
| **Purpose** | This policy provides direction for the RELOCATION AND EVACUATION of the Children’s Minnesota Laboratory. |
| **Policy**  | Children’s Minnesota Laboratory will relocate or evacuate due to internal or external incidents (e.g., smoke, fire, utility failure, explosion, severe weather) that necessitate moving patients, visitors or staff.Relocation should be considered first and partial and/or full evacuation should be considered only as a last resort. |
| **Definitions** | **Shelter-in-place**: Determination to stay in a location of non-imminent danger until sufficient resources can be organized to move patients, visitors and staff**Horizontal relocation**: Movement to a safe location on the same floor, preferably nearer to an emergency exit**Vertical relocation**: Movement to a safe location on a different floor when a horizontal relocation is unsafe or cannot meet the service, safety and/or patient care needs of patients**Partial evacuation**: Evacuation of a subset of the facility**Full evacuation**: Physical removal and complete evacuation of a facility due to an unsafe environment of care**HICS**: Hospital Incident Command System (HICS) is the system to be implemented upon assessment and determination of the need for vertical relocation, partial evacuation or full evacuation as necessary. The HICS incident commander will authorize, coordinate operations and communicate with the laboratory leader (e.g., medical director, pathologist on call, manager). |
| **Authorization, Direction and Control** | The laboratory leader should grant authorization to shelter-in-place or to horizontally relocate, but all personnel are authorized to take immediate action in response to an imminent or life-threatening situation.Vertical relocation, partial and full evacuation decisions should be made by the incident commander after initial situation assessment.**Contacts*** Hospital administrator
	+ pager: 651-629-4436
	+ Mpls: 612-813-6112
	+ Stp: 651-220-6110
* Hospital nursing supervisor
	+ Mpls pager: 651-629-3546
	+ Stp pager: 651-629-3547
* Safety officer/Sr director of environmental operations pager: 651-629-3080
* Fire captain or police: 9-911
* Security
	+ Mpls: 5-7777
	+ Stp: 1-8899
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| **Relocation and Evacuation Locations** | **Horizontal relocation** should be used first. Pass through the fire/smoke doors to the adjacent smoke zone. **Vertical relocation** should be considered second.Use perimeter stairwells if possible, leaving central stairwells for use by emergency personnel. Do not use elevators.For those who might be in a basement, move up to the main floor if safe to do so, otherwise, to another building, such as Children’s Specialty Center (CSC) in Minneapolis or Garden View Medical Building (GVMB) in St. Paul.**Partial or full evacuation** should only be considered as a last resort. **Horizontal Relocation** * **Minneapolis**
* Main Lab
* Primary – corridor near Histology
* Secondary – corridor near main elevator (B) lobby
* Histology
* Primary – corridor near main lab
* Secondary – corridor near main elevator (B) lobby
* Morgue
* Primary – basement freight elevator lobby
* Secondary – green parking ramp, move at least 100 feet away from the CSC
* CSC Outpatient Lab
* Primary – relocate via tunnel into Children’s Hospital
* Secondary – basement freight elevator lobby
1. **St. Paul**
* Main Lab
* Primary – United Hospital corridor
* Secondary – corridor near stair A
* GVMB Outpatient Lab: GVMB is a total evacuation building
* Primary – relocate via stairwell to 2nd floor and meet outside the front doors at least 100 feet away from GVMB
* Secondary – relocate via stairwell to the 2nd floor into the Red parking ramp, move at least 100 feet away from the GVMB

 **Vertical Relocation** 1. **Minneapolis**
* Main Lab
* First floor main lobby near Welcome desk
* Histology
* First floor main lobby near Welcome desk
* Morgue
* Relocate via stairwell to CSC first floor then to outside moving at least 100 feet away from the CSC
* CSC Outpatient Lab
* Relocate via stairwell to CSC first floor then to outside moving at least 100 feet away from the CSC
1. **St. Paul**
* Main Lab
* First floor main lobby near Welcome desk
* GVMB Outpatient Lab
* Relocate via stairwell to the 2nd floor and meet outside the front doors at least 100 feet away from GVMB
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| **Partial/Full Evacuation**1. **Minneapolis**
* Main Lab
* Evacuate to CSC outpatient lab
* Histology
* Evacuate to CSC outpatient lab
* Morgue
* Evacuate to main lab
* CSC Outpatient Lab
* Evacuate to main lab
1. **St Paul**
* Main Lab
* Evacuate to GVMB outpatient lab
* GVMB Outpatient Lab
* Evacuate to main lab
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| **Procedure** | Follow the activities in the table below for **Relocation and Evacuation from the Laboratory in an emergent/unplanned event.** |
|  | **Step** | **Action** | **Related Document** |
|  | 1 | Recognize threat or receive relocation/evacuation instructions from incident commander or authorized personnel. | [909.00 Shelter-In-Place, Relocation & Evacuation](http://khan.childrensmn.org/manuals/policy/900/005309.pdf) |
|  | 2 | Department lead or designee should take responsibility for organizing the movement from the laboratory to the destination site. |
|  | 3 | Rescue anyone in immediate danger.* If smoke is present, and if possible, instruct everyone to crawl, maintaining contact with the person immediately in front of them at all times by holding a foot or ankle
* If possible, form a human chain, directing everyone to hold on to the person in front or in back of them, maintaining contact at all times
* First and last person in line should be a laboratory employee
* Take a flashlight
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|  | 4 | The staff person assigned in processing should ensure the Disaster Box and Downtime Kit are transported to the destination site.Disaster Box & Downtime Kit Locations:* Minneapolis – Shelf outside staff break room
* Saint Paul – Shelf above operations supervisor’s desk in main lab
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|  | 5 | Department lead or designee should take count of all patients, visitors and staff prior to evacuating to ensure all can be accounted when arriving at next destination. |
|  | 6 | Relocate ambulatory persons first. |
|  | 7 | Evacuate non-ambulatory and persons with disabilities next.* Be aware that patients, staff and visitors with hidden disabilities (arthritis, cardiac conditions, back problems, learning disabilities, etc.) may need individual assistance
* Always ASK someone with a disability how you can help BEFORE attempting any rescue technique or giving assistance
* Assist people in wheel chairs
* Stairway evacuation of people in wheelchairs should be conducted by trained personnel
* Only in situations of extreme danger should untrained persons attempt to evacuate people in wheelchairs
* Wheelchairs have many movable or weak parts that are not constructed to withstand the stress of lifting
* If it becomes necessary to lift an individual from a wheelchair during evacuation, ask what lift would be most comfortable for them
* Wait until other evacuees have moved through the stairwell
* Do not leave the wheelchair in the stairwell
* Reunite the individual with the wheelchair as soon as possible
* Assist people who are visually impaired
* Announce the type of emergency
* Offer your arm for guidance
* Tell the person where you are going and any obstacles you encounter
* When you reach safety, ask if further help is needed
* Assist people with hearing limitations
* Turn lights on/off to gain the person’s attention
* Indicate directions with gestures, or
* Write a note with evacuation directions
* Assist people using crutches, canes or walkers
* Evacuate these individuals as injured persons
* Assist and accompany to the evacuation site
* Use a sturdy chair or one with wheels to move the person, or
* Help carry the individual
* Assist non-English speaking people
* Indicate directions with gestures
* Provide an interpreter if possible
* Assist people who are cognitively impaired
* Assign staff to escort them to safety
* Assist people with service animals
* Ensure the service animal remains with their handler
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|  | 8 | Department lead or designee should complete a final check of the area, including bathrooms, offices and staff areas, to ensure all personnel have been evacuated. |
|  | 9 | Close doors to all rooms that have been checked and vacated. If there is time and it is safe, place a piece of tape on the door jam or post-it note on the door to indicate the room has been searched and evacuated. |
|  | 10 | Account for patients, visitors and staff at the destination site.Evacuation Section Leads should be assigned for each of the sections listed below and they should take roll to ensure all persons from these areas have arrived at the destination site:* Histology/Pathology
* Sendouts/Phlebotomy/Front Desk/Patients & Visitors
* Microbiology/Molecular
* LIS
* Chemistry/Hematology/BB
 | [SA 8.01.f1 Laboratory Relocation and Evacuation Checklist](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/Safety/Res/204263.pdf)  |
|  | 11 | Department lead or designee will inform hospital command center of laboratory relocation and status of those who have relocated. |
|  | 12 | Remain at destination site and listen for ongoing updates or the all clear via overhead page, email, emergency radio or runner. |
| **Procedure** | Follow the activities in the table below for a **Partial or Full Laboratory Relocation and Evacuation in an urgent/planned event.**

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| **Step** | **Action** | **Related Document** |
| 1 | A Code Orange will be activated according to protocol. | [948.01 Disaster/Code Orange](http://khan.childrensmn.org/manuals/policy/900/013424.pdf) [SA 5.01 Code Orange](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/Safety/SA/203595.pdf) |
| 2 | **Laboratory Director, Manager or designee** should follow Code Orange protocols. Follow additional listed items in the tables below as necessary. |
| 3 | Receive relocation/evacuation instructions from incident commander or authorized personnel. |
| 4 | Review section-based damage and determine likely duration. |
| 5 | Determine staff availability.* Staff may be reassigned to the alternate campus
 |
| 6 | Communicate decisions and needs to hospital command center. |
| 7 | Ensure critical laboratory testing continues using alternate instrumentation or divert testing to the alternate campus. |
| 8 | Determine if the laboratory will continue supporting hospital inpatients and what laboratory testing will be offered. |
| 9 | Determine what other laboratory testing should be deferred to the alternate campus or an alternate instrument, delayed, suspended and/or deferred to another facility. |
| 10 | Determine the need for or feasibility of a temporary in-house laboratory relocation testing site. The following sites should be considered:* Mpls – CSC outpatient laboratory
* St Paul – Garden View outpatient laboratory
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| 11 | Determine the management of test requisitions and test reporting at the relocation site.* Downtime procedures may be implemented
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| 12 | Itemize testing equipment for relocation.* Consider small automated systems with broad menus for basic testing services
* Consider manual testing kits, e.g., Pregnancy, rapid HIV, stain kit
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| 13 | Create a detailed supplies list for relocation.* Shared supplies may include:
	+ Gloves, lab coats, slides, tubes, biohazard bags, sharps containers
	+ Basic office supplies – pens, pencils, paper, scissors, trash cans
* Specific supplies for each department may include:
	+ Test reagents, controls, BB products, culture plates, centrifuge, refrigerator
* Emergency supplies may include:
	+ Plastic sheeting, communications equipment, extension cords
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| 14 | Transport equipment and supplies to temporary location.* Enlist staff to accomplish this task
* Assistance may be needed from the HICS labor pool
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| 15 | Begin laboratory operations at relocation site.  |

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| **Procedure** | Follow the procedures in the table below for a **Partial or Full Laboratory Shutdown.**

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| **Step** | **Action** | **Related Document** |
| 1 | Shutdown instruments. * Enlist LIS support for interface shutdown
* Ensure staff know location of shutdown procedures
* Follow manufacturer’s instructions
* Cover instrumentation with plastic sheeting for protection – obtain from Facilities
* Safeguard supplies
* Box up for storage
* Transfer to alternate campus
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| 2 | Place patient specimens, reagents, chemicals and hazardous materials including bio-hazardous substances in an appropriately secured area, i.e., an area that can be locked.* Mpls
* Biohazard waste room
* CSC outpatient laboratory
* Morgue
* St Paul
* Biohazard waste room
* Garden View outpatient laboratory
* Morgue
 |  |
| 3 | Secure the following items: * Workbooks, logs, patient records, etc
* Laboratory section materials and records
* Laboratory director, manager, medical director materials and records
* Anatomic pathology records

Transfer the above items to the alternate campus or to these suggested sites:* Mpls
* CSC outpatient laboratory
* St Paul
* Garden View outpatient laboratory
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| **Procedure** | Follow the activities in the table below for a **return to normal laboratory operations.**

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| **Step** | **Action** | **Related Document** |
| 1 | Return instrumentation, equipment and supplies to normal location. |  |
| 2 | Bring analyzers and data management systems back online.* Enlist LIS support for interface startup
* Ensure staff know location of startup procedures
* Enlist help of service technicians
* Access technical support resources
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| 3 | Schedule staff to meet testing workload as driven by:* Hospital inpatients
* ED
* Surgery
* Outpatient services
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| 4 | Evaluate supplies and reagents.* Restock the laboratory
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| 5 | Complete After Action Report. |  |
| 6 | Review and revise Laboratory Relocation and Evacuation plan. |  |

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| **Supporting Documents** | [909.00 Shelter-In-Place, Relocation and Evacuation](http://khan.childrensmn.org/manuals/policy/900/005309.pdf) [948.00 Emergency Operations Plan](http://khan.childrensmn.org/manuals/policy/900/005336.pdf) [948.01 Disaster/Code Orange](http://khan.childrensmn.org/manuals/policy/900/013424.pdf)[SA 5.01 Code Orange](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/Safety/SA/203595.pdf)[SA 8.01.f1 Laboratory Evacuation Checklist](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/Safety/Res/204263.pdf)[TS 18.08 Transfusion Service Disaster Plan](https://starnet.childrenshc.org/References/labsop/ts/opercon/ts-18.08-bb-diaster-plan.pdf) |
| **References** | CLSI. *Clinical Laboratory Safety; Approved Guideline-Third Edition.* CLSI document GP17-A3, Wayne, PA: Clinical and Laboratory Standards Institute: 2012. |
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| **Historical Record** | **Version** | **Written/Revised by:** | **Effective Date:** | **Summary of Revisions** |
| 1 | Carol Cram | January 1999 | Initial Version |
|  | 2 | Kerstin Halverson | 07/01 /2003 |  |
|  | 3 | Kerstin Halverson | 10/14,/2005 |  |
|  | 4 | Carol Buhl | 01/09/2013 | New format. Added definitions.Added authorization contact information.Updated relocation and evacuation destination sites.Expanded assistance information for non-ambulatory persons and persons with disabilities. Added activities table for laboratory relocation testing site.  |
|  | 5 | Carol Buhl | 12/23/2014 | Added shelter-in-place definition.Updated authorization information and phone numbers. |
|  | 6 | Carol Buhl | 10/31/2016 | Added secondary horizontal location for GVMB. |
|  | 7 | Carol Buhl & Lab Safety Committee | 12/28/2018 | Added location of Disaster Box and Downtime Kit.Added Department Lead as responsible for completing final check of evacuated lab space.Deleted Code Orange terms: Stand-by, Partial, FullAdded Supporting Document TS 18.08. |