Emergency Evacuation

A SAFETY TALK FOR
DISCUSSION LEADERS

This safety talk is designed for discussion leaders to use in preparing safety meetings.

Set a specific time and date for your safety meeting. Publicize your meeting so everyone involved will be sure to attend.

Review this safety talk before the meeting and become familiar with its content. Make notes about the points made in this talk that pertain to your workplace. You should be able to present the material in your own words and lead the discussion without reading it.

Seating space is not absolutely necessary, but arrangements should be made so that those attending can easily see and hear the presentation.

Collect whatever materials and props you will need ahead of time. Try to use equipment in your workplace to demonstrate your points.

DURING THE MEETING

Give the safety talk in your own words. Use the printed talk merely as a guide.

The purpose of a safety meeting is to initiate discussion of safety problems and provide solutions to those problems. Encourage employees to discuss hazards or potential hazards the encounter on the job. Ask them to suggest ways to improve safety in their area.

Don't let the meeting turn into a gripe session about unrelated topics. As discussion leader, its your job to make sure the topic is safety. Discussing other topics wastes time and can ruin the effectiveness of your safety meeting.

At the end of the meeting, ask employees to sign a sheet on the back of this talk as a record that they attended the safety meeting. Keep this talk on file for your records.

Emergency Evacuation

The procedures used in an emergency evacuation where patients must be moved are only as effective as the training that health care personnel receive. It is important that the training be realistic and not just theory.

Good communication is essential in this type of process, which means the proper emergency information must be transmitted to the right people at the right time, in an understandable and effective form.

At times when a potential panic or disaster strikes resulting in emergency evacuation, continual person-to-person communication is vital. As a necessary precaution, alternative means of communication should be considered such as messengers, blackboards, walkie-talkies, intercoms, closed circuit television and shortwave radio.

The actual evacuation in a patient care area should be supervised by the most capable person such as the head nurse or shift supervisor. Training of personnel should involve orientation that reviews typical health care emergencies such as fires, actual participation in practice drills, and special programs held in intensive care and surgical suites to review and practice procedures.

The problems frequently encountered with extended evacuations involve mass confusion and handling of patients by personnel who are not familiar with the patient's medical problems.

By designing an emergency response team, over staffing can be eliminated, but with sufficient personnel still available on all shifts in a possible emergency evacuation area. A systematic evacuation process can also deter personnel from entering rooms at random and removing patients.

Unless a department is a part of an emergency response team, personnel should be instructed to remain in their department and someone assigned to the phone.

In large health care facilities, personnel may report to "pools" near the evacuation areas so they can be drawn on more quickly.

Administrative staff should respond to the nurses' station or other suitable area outside the emergency area and coordinate with officials assisting in the evacuation, such as fire department officials.

Since staff members must implement an emergency evacuation plan, their duties should be carefully delineated. A functional organization chart that pinpoints responsibilities of various personnel helps create an overall picture. For every name or position on the chart, at least two alternatives should be provided, and a list of addresses and phone numbers given to key personnel.

In a team chain system, two members from the emergency response team remove the patients from a room, and then other staff members line up in a chain formation in the hall and pass the patients from person to person. Patients may be removed by being pulled head first on a blanket, walking or in a wheelchair.

However, before transferring, know the patient's abilities:

- Physiological condition--How reliable are basic body functions such as circulation and posture?
- Mobility--Are joints restricted?
- Strength/Endurance--Will fatigue prevent the completion of transfer?
- Balance--Does the patient have a tendency to fall or lean to one side, or have muscle spasms?
- Understanding--Is the patient aware enough to see, hear and follow simple instructions?
- Motivation--Are pain or reluctance restricting factors?

Only the assistance necessary to aid the patient should be given.

Protect any draining tubes, I.V.s and IV pumps, monitors, and ventilation equipment. Move the patient toward the strong side of the body, while you assist the weak side.

Patients should wear shoes for standing transfers, not slippers. Use a patient transfer belt to get a firm grip when lifting--avoid lifting at the shoulders.

Use mechanical lifting aids when available and get help lifting when needed.

Explain the teamwork transfer process step by step to the patient. Give short, simple commands while working together with the patient, and encourage the patient's progress. Strap or secure the patient after the transfer for comfort and to prevent a fall.

When a patient is in immediate danger that requires prompt removal from the area and no help is available, two types of removal methods may be used—pack strap carry or cradle (or knee) drop. Each of these methods places the patient's weight onto the entire body of the person removing the patient, not just the arms and back.

For the pack strap carry, cross the patient's arms, grabbing both wrists. Pull the patient up as you turn to step under the patient's arms. Cross the patient's arms in front of you, lean forward and step to the head of the bed.

The patient will roll out of the bed onto your back with this motion. To unload the patient, lean against a wall and slide the patient down the wall to the floor as you drop to one knee.

Before beginning the cradle drop, place a blanket on the floor next to the bed.

Grip the patient under the shoulders and hips and slide the patient to the edge of the bed. On one knee, lower the patient onto the blanket. (Using the knee drop method, kneel on both knees and slide the patient down your chest onto the blanket.) Remove the patient by pulling the blanket headfirst.

Emergency routes for transport to a temporary facility should be established in conjunction with the police department and other law enforcement agencies.

Alternative and supportive systems should be developed through your local fire department, the Civil Defense, National Guard, American Red Cross, and other agencies.

An emergency evacuation plan should be geared toward handling the worst possible disaster at the worst possible time. However, such a plan will only be effective to the extent of the persons who carry it out and know what they are doing. No matter how simple or complex the plan, all undertakings must eventually contend with the human element.