Evacuation and Relocation of a Locked Psychiatric Unit

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Mary Kay Shibley, RN, MSN
• **Real Job**: Clinical Informaticist
• **Other duties as assigned**: Clinical Coordinator, SMV Expansion and Improvement
  • Clinical input into construction design, furnishings, paint & art
  • Communication regarding shut downs, closures and construction progress
  • Coordination between construction activities and the hospital units, areas and staff
Objectives:

1) Outline the requirement to evacuate a section of the hospital utilized for our Inpatient Locked Child and Adolescent population
2) Describe the issues and challenges of evacuating and relocating this patient population highlighting appropriate staffing and safety considerations
3) Demonstrate the plan for safe relocation and return to normal operations of patients, staff and equipment during unsafe conditions

Sharp Mesa Vista Hospital

- 158-bed inpatient psychiatric hospital
- 2 buildings: 1 main building and a 3-story child adolescent building
- Populations served: child, adolescent, adult and senior
- Inpatient programs: mood and thought disorders, alcohol detoxification and rehabilitation, acute psychiatric disorders, senior behavioral health and child/adolescent program
Situation Warranting Evacuation

- Required replacement of the old Air Handling Unit (AHU) on the 3-story child adolescent building
- Large crane in the front parking lot to lift and remove unit
- The old AHU was located over the back of the building
- Unknown weight and stability of the old AHU; unit was original from 1973 and very rusty

The Crane and Air Handler

- AHU Weight: estimate of 13,000 lbs.
- Total weight load for crane: 14,906 lbs.
- Crane: 275 ton capacity
- Swing radius: 130’
The old AHU

The Building, Unit and Population

**3 story building:**
- **1st floor:** vacant on the weekends, except staff lounge
- **2nd floor:** vacant due to remodel work
- **3rd floor:** Child Adolescent Unit
  - Locked 21-bed acute child & adolescent unit
  - Ages 5–17
  - Diagnoses: depression, thought disorders, anxiety, suicidality, assultive, autistic and occasionally developmentally disabled
  - High elopement risk
  - High suicide risk
  - High assault risk
Planning and Coordination

- Construction and crane operations
- Parking lot closures
- Visitor restrictions
- Preparation: evacuation logistics
- Staffing
- Security
- Food and nutrition services (FANS)
- Recreation therapy
- Equipment and supplies

Preparation

- Identify area for relocation of 21 possible patients. Where will they go?
  - PLAN: Garden and East Wing; 1 North Wing
- Identify patient needs: medications, any medical issues, food, water, safety and security. What do they need?
  - PLAN:
    - Bring meds or use other unit Pyxis?
    - Identify medical issues and plan for those
    - Engage food and nutrition services
    - Walk plan with safety officer
    - Request security resources
Preparation (cont.)

- Identify potential risks in patient population and mitigate those ahead of evacuation. What are our risks?
  - PLAN:
    - Elopement: #1 risk for this evacuation. Highest risk goes to alternate locked location, 2 staff to 1 patient escort to evacuate
    - Suicide risk: Highest risk goes to alternate locked location or is put on 1:1 during evacuation
    - Assault risk: Highest risk goes to alternate locked location or is put on 1:1 during evacuation
  - Do we activate the Hospital Incident Command System (HICS)?

Staffing

- Routine staffing
- 1:1 staffing
- “Up staffing” to support relocation
- Security
- FANS
- Recreation therapy
- Senior Safety Officer
Security

• Parking lot policing prior to/during crane work
• Safety monitoring during crane work
• Elopement prevention during relocation
• Security at fire doors on East Wing 1 to prevent child/adolescent patient access to adult unit
• Support as needed for any Code Green event

Food and Nutrition Services (FANS)

East Wing 1:
No dining room due to relocation of kids
Provide BBQ on the patio of the unit

Child/Adolescent Unit:
Provide pizza lunch in garden
Provide snacks, water and Gatorade
Provide food demonstration — ice cream sundaes
Recreation Therapy

- Brought in extra staff to help keep kids busy in the garden and on the unit
- Provided crafts and games in garden
- Provided balls and activities to keep the kids busy
- Extra staff helped provide additional escorts to move the kids

Equipment and Supplies

- Blood pressure machine in case needed
- Glucometer for diabetic child
- 2 laptops on carts for Electronic Medical Record access; electric plugs in gazebo
- Medications: utilize the nearest Pyxis in the event of a PRN or emergency medication
- Transfer phones: unit phones transferred to Charge Nurse hospital cell phone
Notifications

- **Emailed/Posted Memo**: Parking lot closures, AM & NOC shift parking instructions, visitor restrictions, staff safety, and evacuation timeline
- **Posted Notice**: NO visitation until after 4 pm on that unit
- **Email/Posted Notice**: Medical Staff information
- **Paper/Email**: Detailed Evacuation Plan for staff on East Wing 1, Child Adolescent Unit, Dietary, Security and Safety Officer

Memo: Evacuation, Parking Lot Closure & Safety

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TO: All Staff
FROM: Mary Kay Shilling, Coordinator, IMH Hospital Modernization Project
SUBJECT: CAP Building Evacuation, Safety Information & CAP Parking Lot Closure from Friday, 7/31/15 11:30 am - 12:30 pm
DATE: March 16, 2015

The CAP Parking Lot and Front Lot parking on the fence side will be CLOSED from 11:30 am - 12:30 pm on Friday, 7/31/15. The Front Lot parking on the fence side and the entire CAP Parking Lot will be CLOSED starting at 11:30 am Friday night so it will be empty when the crane comes at 7am Saturday morning. PLEASE do not park in the CAP parking lot after 10pm on Friday. Cars in the lot after 7am will be towed.

- **Friday, 7/31, NOC shift**: PLEASE park in the Front Lot
- **Saturday, 8/1, DAY shift**: PLEASE park in the Back Lot (corner of Vista Hill & Health Center Drive) so that our patients/vistors can use the Front Lot parking on Saturday morning

CAP Building will be EVACUATED from approximately 11am until 1pm. NO ONE can be in the building during the evacuation.

Staff & Patient Safety Information for Saturday, 8/1: 11am - 4pm

Starting between 11am - 4pm, all staff & patients in the CAP Building will be asked to move to the back of the building until approximately 4pm. Construction will coordinate with the charge nurse on CAP to move patients and staff on that unit to the back bay room prior to the start of work at 8am and evacuation at 10pm.

If you are in the building PLEASE heed the warnings of the Construction team and move to the back of the building or evacuate as requested.
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Hospital Incident Command System (HICS)

- HICS – Limited activation due to the extensive preplanning of the event.
  - No Code Triage: planned event so no code called
  - No full blown Command Center: due to planning we only needed to implement an Emergency Operations Center. We utilized the Administrative Liaison (AL) office where the Senior Safety Officer acted as a go between and communications contact for the AL, Construction, CAP Unit Manager and Staff, FANS, Doctors and Security
  - Positions: utilized Operations, Planning, Logistics and Safety Positions during Evacuation

Team Work

- CAP 3 staff and manager
- Security Office
- Administrative Liaison
- FANS
- Clinical Construction Coordinator

- East Wing 1 staff and manager
- Construction staff
- Security
- Recreation Therapy
- Senior Safety Officer
The Evacuation Plan

9:45 a.m.: move all patient and close North Wing fire doors

- Move spa water and coffee cart to nursing station
- Move recreation therapy supplies to nursing station
- Post security guard on the north side of the North Wing fire doors
The Evacuation Plan: CAP 3

- **1:1 patient** to move first with a 2:1 minimum escort. 1:1 staff person then stays with the patient in the new location
- **Patients with an elopement risk** to move next with a 2:1 or more staffing depending on the acuity and elopement risk of the child. One staff will remain with those Latency/Adolescent patients. All other staff to return to unit to move last of patients
- **Remaining patients** move last with remaining staff

The Evacuation Plan: CAP 3 (cont.)

- All patients will go to the CAP garden unless it is deemed inappropriate, in which case, they will go to the EW1 North Hall on a 1:1 status
- **IF PRN meds are needed during the evacuation** CAP staff will get them from the nearest Pyxis
- **NOTE: 10 a.m.-1 p.m. All CAP 3 patients and staff are evacuated from the ENTIRE CAP building** until directed to return by the Construction Superintendent
Evacuation Day

- 15 patients on the unit
  - 13 deemed appropriate for garden
  - 2 high risk needing alternate locked location

- Staffing ratio: 10 patients to 7 staff + 3 patients on 1:1

- Temperature approximately 90 degrees
Returning to Normal Operations

- **Evacuation** at 10:00 a.m.
- **Reoccupation** was in stages:
  - **Stage 1 (10:50 a.m.):** All staff and patients allowed to reoccupy the back of the building ONLY; Dining/Day room and 2 patient rooms available
  - **Stage 2 (3:20 p.m.):** Construction superintendent gave all clear for staff and patients to reoccupy entire unit

Disaster Summary Write Up

**Lessons Learned**

- In advance of the evacuation, pre-stage water & snacks. FANS was prepared to deliver but it was a hot day and patients & staff got thirsty quickly.

- Cordless phones only worked intermittently. CAP 3 unit phones were forwarded to Charge Nurse phone, but phone kept losing signal.

- Improve communication/updates between the units and the Administrative Liaison (AL). AL was only getting “spotty” updates regarding construction and unit activities. Safety officer provided updates to AL.
Questions?

Thank you

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