NEONATAL INTENSIVE CARE EVACUATION PLAN

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BACKGROUND

By not having an evacuation plan, our Neonatal Intensive Care Unit put our neonates at risk in case of an emergency and the need to evacuate. This is critical as our location is a commercial hub which has been identified as a city at risk for potential terrorist activity and weather alerts from tornadoes, flooding, and tropical storms.

PURPOSE AND OBJECTIVES

The purpose of our evacuation committee is to identify the processes needed to plan and develop an effective evacuation plan. The plan objectives include maintaining emergency equipment needed to assist in the evacuation of the NICU, establish a chain of command for both urgent and non-urgent evacuations, assign roles to ensure a controlled and safe evacuation, develop a plan for an urgent evacuation that cannot wait for the command center to come online, and establish designated areas for both vertical and horizontal evacuations.

WHAT WE DID

The Evacuation Committee completed evidence-based research on the topic of neonatal evacuations and what would be best practice should this need arise. The team identified the need for 2 different evacuation plans based as our unit is in a different building from the rest of the hospital and only connected by a bridge. The team also identified all the necessary items that would be needed for each plan and those available resources.

TEAM

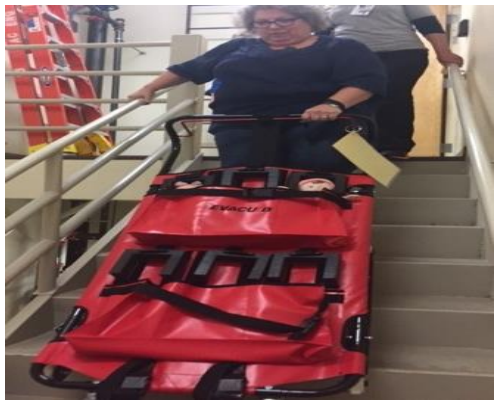
The Interdisciplinary Evacuation Committee consists of:

- NICU Leadership
- NICU Team Members
- Physicians
- Respiratory Therapists
- Hospital Safety Officer
- Security
- Mother/Baby, Labor & Delivery, Pediatrics and the Cancer Center Teams
- Local EMS

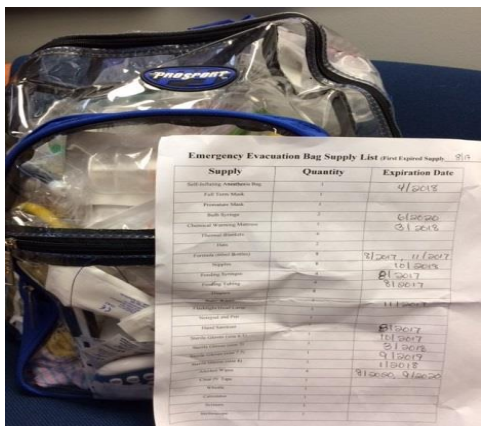
Evacuation Bag and Fire Blanket

EVACUATION TOOLS

Evacuation Basket and Walkie Talkies



Evacuation Sleds



Evacuation Bags

HORIZONTAL PLAN

The horizontal evacuation is an evacuation beyond corridor fire doors and/or smoke zones into an adjacent secure area on the same floor. For our unit, this means the babies are evacuated across the bridge that adjoins to our women's center.

- Unit Secretary prints 5 census reports
- Babies are triaged by the MD and Charge RN for evacuation based on acuity
- Babies are checked out by the Exit RN and are taken to the staging area in L&D via sleds and infant beds
- The receiving RN checks the babies in. Appropriate areas in the tower are identified to move the babies to for continued support

VERTICAL PLAN

The vertical evacuation plan is from one floor to another floor or area below or above. This also pertains to evacuating **out** of the building completely.

- Unit Secretary prints 5 census reports
- Babies are triaged by the MD and Charge RN for evacuation based on acuity
- Babies are checked out by the Exit RN and are taken to the staging area in the lobby of the Cancer Center via sleds and baskets
- The receiving RN checks the babies in. Appropriate areas are identified in the hospital that can provide continued support. EMS will transport to outside facilities as needed.

CONTACT

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