

SUBJECT: Research Service Evacuation Plan

1. **PURPOSE:** The purpose of this plan is to describe the procedures and action to follow for evacuation of patients, staff and/or visitors in response to an event that renders VAHCS unsafe for occupancy or prevents the delivery of necessary patient care.

2. **DEFINITIONS:**
 - ACOS/R Associate Chief of Staff for Research
 - AO/R Administrative Officer for Research
 - CDSO Collateral Duty Safety Officer
 - EAAS Emergency Alerting and Accounting System
 - ICC Incident Command Center
 - PI Principal Investigator
 - RDC Research and Development Committee
 - SRS Subcommittee on Research Safety

3. **OVERVIEW:**
 - a) Partial Evacuation: Moving patients, visitors, and staff from an unsafe room, wing or building to an adjacent room, wing, or building.

 - b) Total Evacuation: Moving all patients, visitors, and staff from the entire facility to the outside grounds, an adjacent protected area, or another facility.

 - c) Shelter-in-Place: Staying in a location of non-imminent danger until sufficient resources can be organized to move patients, visitors, or staff. Shelter-in-place should be considered when moving poses the greater risk of harm, or when the department's operations are essential for the life safety of patients, visitors, or staff.

4. **POLICY AND PROCEDURE:**
 - a) Evacuation shall be conducted when necessary for the safety of patients, visitors, and staff. Every patient care area, department, unit, and all shared areas shall have an area-specific Evacuation Plan as part of their Emergency Operations Plan.
 - b) Partial Evacuation:
 - i) Horizontal Movement (preferred movement) – the movement of patients, visitors, and staff horizontally to the pre-assigned area on the same floor (for location, see table below).
 - ii) Vertical Movement (second preferred movement) -- the movement of patients, visitors, and staff to a lower floor.
 - iii) Shelter-in-Place. The determination to stay in a location of non-imminent danger until sufficient resources can be organized to move patients, visitors, or staff.

 - c) Total Evacuation: In the event of a total evacuation, staff will follow posted evacuation routes. The Incident Command Center (ICC) may provide additional instructions.
 - d) Horizontal Movement (*preferred movement*) -- the movement of patients, visitors and staff horizontally to the pre-assigned area on the same floor (for location, see table below).
 - e) Vertical Movement (*second preferred movement*) -- the movement of patients, visitors and staff to a lower floor.

5. **RESPONSIBILITIES:**

- a) Authorization for Total Evacuation: Total evacuation of the facility will be authorized by the Hospital Director or designee.
- b) Notification for Total Evacuation: Notification for total evacuation will be communicated through a combination of overhead page followed by a Banner Message on VISTA and EAAS Pops.
- c) All Staff Responsibility:
 - i) The need for evacuation is determined by anyone recognizing a clear and imminent danger to patients, visitors, or hospital personnel; steps shall be immediately initiated to safeguard those in danger.
- d) Those in immediate danger should be removed first.
- e) Staff will stay in their work or safe area until notified to evacuate. Some employees will report to the "Manpower Pool" to assist with patient evacuation as assigned.
- f) If not in the immediate danger area, staff will secure their areas by transferring flammables into a fume hood, returning radioactive materials to a refrigerator or freezer, turning off equipment, and locking doors upon exiting.
- g) Assigned Responsibilities:
- h) The ACOS for Research (ACOS/R) (31-2033) will be responsible for notifying area staff of the emergency.
 - i) If the ACOS/Research is not present, deputy ACOS/R (31-2804), or the Administrative Officer (AO) (31-2814) shall assume these duties.
 - ii) If none of the above are available, these duties fall to the RDC Chair; SRS Chair; or the CDSO (Collateral Duty Safety Officer), in decreasing rank.
- i) Evacuation Protocols: Steps to facilitate an orderly and efficient evacuation
 - i) Actions to be taken in case of an emergency.
 - 1) Rescue – remove anyone in immediate danger, only if this action does not jeopardize the rescuer.
 - 2) Alarm – Call 1-911. State your name, exact location, and nature of emergency. If 1-911 is busy, dial "0" for the telephone operator and give the same information.
 - 3) Notify – Immediately notify your supervisor of the situation.
 - 4) If the situation warrants, begin the evacuation procedures listed below.
 - ii) Partial or Total Evacuation:
 - 1) The ACOS/Research or delegate will be responsible for notifying area staff of the emergency and telling staff to discontinue all projects.
 - 2) The timekeeper will compile a list of staff on site.
 - 3) The Research Office staff, or designees, will be responsible for completing a final walk-through before last person leaves the Research area. Individuals will be assigned a specific area to:
 - a. Ensure that all rooms are vacated
 - b. Ensure vacated rooms are locked
 - iii) The ACOS/R, deputy ACOS/R, AO, or RDC Chair will specify the evacuation destination. Pre-approved locations are as follows:

Area	HORIZONTAL EVACUATION Primary & Secondary Sites	VERTICAL EVACUATION Primary & Secondary Sites	VERTICAL EVACUATION to outside "RALLY POINTS" (see attached campus map for locations)
3M	Primary Site: 3 rd floor Outpatient Elevators by 3V clinic entrance Secondary site: 3A by center elevators	Primary Site: Flag Atrium Secondary site: 1N elevators by Laundry	Primary Site: Parking lot adjacent to Bldg. 49 near light pole 49-D Secondary Site: Lot 43, north of Bldg. 49, near light pole 43-A
3N			
3P			
3Q			
4P	Primary Site: Medical Library Secondary Site: 4B by center elevators		
4Q			
CCDOR Bldg. 9 *	Not applicable	Same as outside sites	Primary site: In the parking lot in front of the Credit Union building Secondary site: On grassy area south of Fisher House
Bldg. 49*	Not applicable	Same as outside evacuation sites	Same as 4P & 4Q areas
Bldg. 68*	Not applicable	Same as outside evacuation sites	Primary Site: 1P-156 Secondary Site: Parking lot 10, near light 10A
*Research staff housed in these areas will follow the Evacuation Plans specific for these areas.			

- iv) Supervisors will be responsible for accounting for the staff and visitors/clients. If someone is missing, the VA Police will be immediately notified by calling 1-911.
- v) For Buildings 49 and 68, colleagues will account for their colleagues. If someone is missing, the VA Police will be notified by calling 1-911.
- vi) Ten to fifteen research employees will be sent to the "Manpower Pool" by Research leadership. Selected staff will report to the MVAHCS Auditorium 1S-126.
- vii) Remaining staff will stay in the safe location until the all-clear is sounded or otherwise reassigned or dismissed by the ACOS/R or AO.

6. REFERENCES:

- 1) MVAHCS Emergency Operations Plans. Updated March 2022.
<https://dvagov.sharepoint.com/sites/min/SiteDirectory/emergencymanagement/SitePages/Emergency%20Operations%20Plans.aspx>

2) Policy 0320 VHA Comprehensive Emergency Management Program. July 6, 2020.
https://www.va.gov/vhapublications/publications.cfm?pub=1&order=asc&orderby=pub_Number

7. **SUBCOMMITTEE ON RESEARCH SAFETY (SRS) APPROVED:** December 19, 2023

8. **RESCISSIONS:** Evacuation Plan dated September 12, 2013

9. **FOLLOW-UP RESPONSIBILITY:** Subcommittee on Research Safety (SRS)

10. **ATTACHMENTS:**

Attachment A: Total Evacuation Areas for Research

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3N	3M	3P	Bldg. 68
4P	4Q	Bldg. 49	CCDOR- Bldg. 9



Secondary

Secondary

Secondary

74

Primary

47 48

9

Primary

Primary

72

68

49-A

10

69

49

77

76

73