A Checklist for Clinic Administrators and Staff

"If I had needed to evacuate staff and patients, I don’t know what I would do…"

A. Evacuation Basics
B. Before an Earthquake--Inside
  B. Before--Outside
C. After an Earthquake--Administrators
  C. After—Staff

A. Evacuation should NEVER be automatic.
• There may be more danger outside your building or facility than there is inside.
• There may be no safe assembly area outside. There may be no clear routes to get outside, and alternate routes may need to be cleared.
• The lighting inside your building or room will probably be out--it will be DARK
• Before any decision is made to vacate all or part of a clinic, someone must find out that there IS:
  1) a safe route out, and 2) a safe place to assemble the staff and patients outside.

B. BEFORE an earthquake (NOW), survey your clinic with evacuation in mind.
1. Look for potential post-earthquake hazards INSIDE the building:
   • Suspended ceilings
   • Pendant light fixtures
   • Large windows--either exterior or interior--not protected against shattering
   • Tall bookcases or cabinets that may topple because they are not bolted to the wall
   • Equipment such as computers, TVs, medical equipment, lab equipment, other
   • Stairwells
   • Storage areas for cleaning, painting, or other hazardous materials
   • Places where the main gas supply or electric current enters the building

   • Designate evacuation routes that avoid as many of those areas as possible.
   • In addition, decide on alternate routes to your main routes.
   • Consider staff and patients with disabilities as you think about your evacuation routes.
2. Look for potential post-earthquake hazards **OUTSIDE** the building:
   - Power lines
   - Trees
   - Areas near buildings that may have debris fall on them--parapets, roof tiles, chimneys, glass
   - Routes past concrete block walls
   - Covered walkways
   - Places under which large gas mains run
   - Areas near chain link fences (can be electric shock hazard when live wires touch)
   - Hazardous materials storage areas

   - Designate open areas outside that are without overhead hazards and removed from potential danger spots; choose one, off-campus spot such as a park for back-up.
   - Assembly areas should not be so remote from the facility that staff and patients and staff won't have easy access to bathrooms, phones, and the patient intake/discharge point.
   - Choose which person(s) will have the responsibility to perform a head count after a quake and report findings to administration and co-workers.

3. Everyone should be informed about the plans:
   - Once routes and assembly areas have been chosen, make floor plans and maps; give them to everyone
   - Tell all personnel and staff and patients about the plans made and the routes chosen
   - Make it clear that a post-earthquake evacuation route differs from a fire evacuation route, and that alternate routes may need to be used
   - Hold drills and exercises two or three times a year; practice alternate routes.
   - Include all staff and patients with disabilities in the drills and exercises
**C. AFTER** the earthquake, gather information and make decisions.

**ADMINISTRATORS:**
1. Assess the situation--inside and outside
2. Decide how much evacuation is necessary--all or parts of buildings
3. Choose the route(s) and the assembly place
4. Communicate directions to all teachers

**INCIDENT MANAGEMENT TEAM:**
Do NOT automatically rush your staff and patients out an exterior door.

1. Wait to hear from an administrator, or the designated Disaster Coordinator, about what to do.
   **In circumstances in which a lot of time passes and you do not hear anything, you will have to make decisions yourself:**

2. If you are in a dangerous building--the ceiling has collapsed, wires are crackling, broken glass or chemicals are all over the floor, you smell gas or smoke--you will want to leave, BUT you must do some reconnaissance before you move to safety.

3. Get your buddy to cover the staff and patients while you find the best way to get out and the safest place to go. You may not need to go outside, or merely move from one inside room to another.

4. Account for all your staff and patients before you leave the clinic.
   **If your clinic is dangerous, you may want to take injured staff and patients with you, or move them a short way to a safer room. If you must leave an injured person, post a large, visible sign indicating the person is there. The lights will probably be out--ALWAYS have a flashlight that works.**

5. Be alert, as you lead staff and patients down stairwells or corridors, to anything (dangling lights, ceiling struts, broken glass, slippery floors) that could hurt them or you.
   **In an aftershock, everyone should duck and cover until the shaking stops.**

6. Once you get to your new, safe place, communicate your location to the administrator, corporate office, Clinic Association, or County--by sending using
   - Cell phones
   - Text messages
   - Everbridge Messaging
   - Ham Radios
   - HEAR Radios
   - Runners

"We waited to see what the teacher did after the earthquake, but he didn't know what to do. He kept saying, 'Don't worry don't worry, stay calm stay calm,' but it was scary" - Student, Afterclinic program, Loma Prieta, 1989