

June 2, 2023

Your Questions Answered – Wildland Fire Advice and Resources

HIROC is committed to providing you with timely and trusted information. This bulletin is for the benefit of all Subscribers.

This bulletin is intended to be a living document to support a generative discussion regarding key learnings and wise practices for healthcare organizations' emergency responses and preparedness to wildland fires. As input is generated, this document will change to reflect resources, key contacts, and associated policies and procedures from health regions across Canada.

As noted by Public Safety Canada (2023), wildland fires in Canada have more than doubled since the 1970s and are becoming more frequent, intense and a major concern for public health, prompting urgent appeals for healthcare disaster planning and emergency preparedness policies and procedures. As the frequency and intensity of wildland fires continue to increase, they have had a significant impact on healthcare systems, putting immense pressure on resources and personnel. Consequently, there is a growing demand for healthcare organizations to have comprehensive and current evacuation, transfer, and recovery plans in place. In this bulletin, HIROC will offer the benefit of its risk lens, informed by contact with Subscribers, its review of current and pan-Canadian shared resources, and considerations regarding:

- Healthcare facility evacuation
- Transfers of evacuated patients
- Emergency response staffing
- Recovery, reopening and repopulation of evacuated facilities
- Insurance coverage for decision-making during and while transitioning out of emergencies.
- Some Additional Resources

As a reminder, you can request an email copy of previous HIROC bulletins by replying to this email or sending a request to communications@hiroc.com.

We encourage you to reach out at anytime if you need clarity around any risk, safety, claims, or insurance coverage issues.

In answering some insurance questions, we are summarizing HIROC's, and in certain circumstances, our excess insurers' policy coverages. The policy wording is not changed by this overview. As always, the facts and circumstances of each claim will determine if, and how, coverage under the HIROC policy would apply.

We will continue to provide information around coverage and risk considerations.

As your trusted healthcare safety advisor, we encourage you to reach out anytime—we're here for you!

Healthcare Facility Evacuation

1. Question: What may be some risk considerations when planning for an evacuation of a healthcare organization?

Answer:

When planning for the evacuation of a healthcare facility, numerous risk considerations must be carefully examined to ensure, to the extent reasonably possible, the safety and well-being of patients, staff, physicians, learners, visitors, and local communities. Evacuating a healthcare facility presents unique challenges due to the presence of vulnerable individuals with mobility challenges, diverse medical needs, and dependencies on specialized equipment and treatments.

Risk considerations may include assessing the physical mobility of patients, ensuring the availability of adequate transportation resources, arranging for the maintenance of critical medical supplies and equipment, and addressing potential communication barriers during the evacuation process. Specific consideration may be required for the evacuation of communities where unique circumstances exist including, but not limited to, local indigenous communities. Moreover, the planning process should account for the potential impact of external factors, such as severe weather conditions (fire, flood, or severe winds) and potential infrastructure limitations, which can further complicate the evacuation efforts.

By thoroughly analyzing these anticipated risks and implementing appropriate mitigation strategies, healthcare facilities can enhance their level of preparedness and response capabilities, ultimately safeguarding the lives and well-being of those in their care. The following are examples of risk considerations when addressing an evacuation plan:

- Activation details:
 - Identify individual/designated backup by job title, who are authorized to activate the disaster preparedness and evacuation plan.
 - Define a clear chain of command and designate responsible individuals for decision-making during an evacuation.
 - Assign roles and responsibilities to staff members, including evacuation coordinators, floor team leaders, and assembly area supervisors.
 - Incorporate within the plan how it, once initiated, integrates with the organizational, local, and regional incident command systems.
 - Establish process by type/level of evacuation that may occur (internal, partial, full, entire building(s), regional, etc.).
 - Develop protocol for the safe deployment of staff to alternative facilities (where required).
 - Ensure available up-to-date employed and credentialed staff contact information and the systematic mechanism of emergency notifications to designated individuals or teams within the healthcare facility.
 - Conduct regular training and drills to ensure everyone understands their roles and can respond effectively.
 - Identify triage processes for patients who may be: (1) safely discharged; (2) transferred to outpatient or community services; (3) require transfer to an alternative facility.
 - Consider a phased/sequenced approach to evacuation including, but not limited to:

- Notification and inventory of human resources available (consider risk of staff/physicians' shortages due to caregiving needs).
 - Access available resources and equipment.
 - Prepare patients and essential supplies/equipment.
 - Designate safe routes, exits, and collection points for evacuation.
 - Create a regular and accessible procedure for:
 - Situational updates and regular communication cycle.
 - Facility abandonment.
- Securing the organization/site/unit:
 - Consider alternate sites for incident command, communications centre, and human resources (deployment centre).
 - Establish communication protocol/plan for:
 - Ambulance diversion and local, regional and community partners including emergency response providers (e.g., notifying fire department of empty buildings).
 - Notify and update staff, volunteers, and learners and their emergency contacts.
 - Update Social Media pages to facilitate communication.
 - Identify process for headcount of staff, physicians, volunteers, and learners in the building.
 - Back-up for communication devices (e.g., battery/solar radios, walkie talkies).
 - Develop facility plans for:
 - Security access and control, crowd control, and patrols.
 - Shutdown of high-risk systems (e.g., gasses).
 - Information technology system security and backup, including off-site servers and data storage.
 - Ensure physical and psychological supports for any staff, physicians, learners, and volunteers who remain engaged on site (e.g., Employee Assistance Programs, temporary lodging).
- Evacuation kit:
 - Consider the development and maintenance of evacuation kits that may include:
 - Evacuation check lists, paper documentation forms, clipboards, pens.
 - Protocol and relevant policies.
 - Current list of staff/resources/agencies/emergency contact numbers.
 - Communication radios/walkie talkies/pager.
 - Flashlights/batteries.
 - Additional patient ID bands (color-coded wristband or evacuation tag)
 - Any other essential tools for use in evacuation situation.

Transfers of Evacuated Patients:

2. Question: Are there key risk considerations for the safe transfer of patients during wildland fire evacuation?

Answer:

During wildland fire evacuations, the transfer of patients becomes a critical undertaking with numerous risk considerations that demand careful attention. As wildland fires rapidly spread and threaten communities, healthcare facilities may need to relocate patients rapidly and safely,

including those with complex medical conditions to alternative care settings. The evacuation process poses significant challenges, including ensuring patient clinical stability during transit, addressing potential delays and road closures, and maintaining essential medical equipment and supplies throughout the transfer. Moreover, an additional layer of complexity is due to the adverse effects of smoke exposure. Coordination between healthcare providers, emergency management agencies, and transportation services is crucial to control these risks and prioritize the safety and well-being of patients during evacuations. Risk considerations may include:

- Identification of alternate site(s):
 - Determine pre-identified alternate (receiving) facilities in collaboration with community, regional and/or federal partners.
 - Optimize transfer site choice based on compatibility with patient acuity and health care needs.
 - Consider site suitability based on the building accessibility, entrance/exit control, ventilation systems (e.g., HVAC), and suitability for equipment/supplies (i.e., portable medical gases, refrigerators, electrical outlets).
 - Confirm the commitment of alternative facilities utilizing prior written agreement, memorandums of understanding, mutual aid agreements, etc.
 - Communicate evacuation plan with potential receiving facilities to plan, coordinate and execute transfer.
 - Arrange and document plan for who will be providing care/services to evacuated patients at alternative site.
- Resources and equipment:
 - Identify designated resources and equipment required to move patients.
 - Consider a standard procedure for inventory control during this process.
- Continuity of care:
 - Plan to maintain continuity of care during evacuation for all levels of clinical acuity and complexity, consider the following:
 - Resources required to move equipment with the patient (e.g., ensure oxygen tanks are full).
 - Resources to maintain routine practices. (e.g., infection prevention and control practices).
 - Staff skills and training needs.
 - Transfer of care/accountability between physicians/practitioners.
 - Emergency credentialing and privileges.
 - Safe transfer of staff between sites if/when required.
 - Process for clinical documentation (e.g., activation of downtime procedures).
 - Process for electronic medical records (EMRs) (e.g., print out a 1–2-page disaster sheet).
 - Develop protocol for handwritten clinical notes and records if EMR not accessible.
 - Plan for the transportation of records and supplies to the receiving facility (i.e., patient medical records, medication administration records, controlled substances, specialized treatment supplies, etc.).
- Transportation resources:
 - Designate areas to congregate patients by predetermined criteria (e.g., mobility levels).
 - Coordinate transportation resources fitting patient acuity (e.g., mobility, life support, bariatric patients).

- Patient monitoring and documentation during transportation and staffing levels/skill mix.
- Tracking patients to destination and ability to confirm time/location of departure/arrival.
- Secondary/alternate transportation resources/agencies to be available if needed.
- Inventory of transportation resources/agencies including types and numbers of vehicles.
- Consideration of a written agreement that confirms the commitment of the required transportation resources/agencies (i.e., Memorandum of Understanding, Contract, etc.).
- Tracking the evacuation and arrival of patients:
 - A patient identification wrist band (or equivalent identification) must be intact on all patients, consider colour coded wrist band or evacuation identification tag.
 - Formal tracking system (documentation) and process for the evacuation and arrival of each patient at the alternative facility, which may include:
 - Medical Record Number and additional patient identifier/s.
 - Time left the facility.
 - Name of transporting agency/resource.
 - Original chart sent with patient (yes or no).
 - Medications sent with patient (yes or no, and list).
 - Equipment sent with patient (list).
 - Family notified of transfer (yes or no).
 - Primary care provider notified of transfer (yes or no).
- Family/Substitute Decision Maker notification:
 - Describe the process for designation of staff members to conduct and track family/Substitute Decision Maker notification.
 - Communication protocol/plan to notify patient emergency contacts of the evacuation and patient's destination.
- Room evacuation confirmation:
 - Process to verify that rooms have been evacuated, visual cues, documentation, and notification to staff.

Emergency response staffing considerations:

3. Question: What are some risk considerations if designated staff remain on-site to provide medical support to firefighters and emergency medical services if needed?

Answer:

When making decisions about how support should be provided to first responders and any injured emergency patients, it is important to prioritize the safety and well-being of all facility occupants balanced against the need to comply with public authority emergency orders.

If the organization has a protocol by which designated hospital staff may be requested to remain on site after the hospital has been cleared of patients, communication with local authorities to monitor and evaluate increasing threat levels is essential. Risk considerations may include:

- Develop a policy and procedure that can guide decision-making, considering the following:
 - Local Emergency Management Authority orders
 - Incorporate considerations for supporting firefighters, first responders, and new emergency patients into existing emergency preparedness plans.

- Prioritize staff safety and well-being, while also monitoring escalating threat levels.
- Continuously assess the severity and immediacy of the wildland fire threat
- Clearly communicate the criteria for when and how the remaining healthcare providers and patients should evacuate without delay.
- Assessing staff availability and capabilities
 - Consider a methodology to evaluate the availability and capabilities of healthcare staff to determine if they can remain on-site after site evacuation.
 - Consider the size of the organization, staff expertise, and available resources.
- Document decision-making during the event
 - Documentation of the risks and challenges faced by healthcare organizations during evacuation orders is highly recommended.
- Command, Control, Collaboration and Communication
 - Enact your Incident Management System.
 - Develop communication plan in collaboration with healthcare organizations, firefighters, and first responders (e.g., common radio frequencies).
 - Establish clear lines of communication and coordination during evacuation orders.
- Resource allocation and preparedness
 - Consider medical supplies and equipment, needed during minimal staffing and post evacuation.
 - Evaluate the skill-mix of staff and education need prior to deployment.
 - Ensure HVAC is not compromised, power, clean water and infrastructure is available.
- Training and education
 - Consider providing specialized training and education to healthcare providers regarding the unique needs and challenges of providing medical support during crises such as environmental emergencies including wildland fires and evacuation orders.
 - Create opportunities to proactively collaborate with local fire departments and emergency services as well as cross Provincial, Territorial and Federal partners to develop joint training programs and response policies.
- Related resources:
 - Canadian Red Cross. (2023) Wildfires: Before During & After.
 - FM Global. (2022) Understanding the Hazard Wildland Fire Exposure.
 - Hall, G. Rural Health Information Hub. (2022) Wildfire Forces Evacuation of Critical Access Hospital in Estes Park, Colorado

Recovery, reopening and repopulation of evacuated facilities.

4. Question: What are some risk considerations when planning for recovery, reopening, and repopulating evacuated facilities?

Answer:

Re-entry should only occur when the Local Emergency Management Authority determines that it is safe to return, and the healthcare facility's decision should consider any other relevant information available from public agencies (e.g., highway access status).

After full or partial evacuation, there are important risk management considerations that a healthcare organization may wish to review when assessing repopulation readiness in preparation for reopening:

- Reopening plan:
 - Setting conditions, criteria, and responsibilities for preparing facilities for reopening.
 - Review regulatory requirements, hospital operational and safety best practices.
 - Consult key external/internal stakeholders and external agencies such as the local department of health, and other public safety and utility agencies as appropriate to identify resources required that will allow an evacuated hospital to return to standard operations.
 - Consider environmental quality and resources available to triage the types of patients to be moved back into the facility on a graduated basis.
 - Timely, accurate, and consistent communications to staff, physicians, volunteers, learners, patients, families, and community.
- Risk and safety factors for damage assessment
 - Examine building structural and system integrity for safe occupancy (e.g., electrical, mechanical, plumbing, fire, and life safety systems).
 - Review pharmacy capacity and safety related to prolonged loss of power and refrigeration or breach of pharmaceutical security.
 - Assessment of environmental safety, facilities, operations, and resources such as:
 - Structures.
 - Water and wastewater services.
 - Solid waste management and related hazards.
 - Heating, Ventilation, Air Conditioning (HVAC) systems, and generators, etc. should be inspected, cleaned/replaced filters, if needed.
 - Air particulate exposures, air quality conditions.
 - Gas and electric line patency.
 - Access routes.
 - Telecommunications.
 - Accommodation/food.
 - Linens, drapes, and upholstery, replace as needed.
 - Items within the facility that can be affected by spoilage due to loss of power and/or high temperatures, Test/repair/replace/quarantine, as needed (e.g., food, medications, radioactive supplies and equipment, computerized diagnostics, etc.).
 - Essential functions and supplies/supply chains (pharmacy, supplies, laundry, etc.) are returned to operational status. The facility's ability to provide essential services should be made ready for long-term sustainability.
 - Organizations should maintain accurate documentation of any damages at all stages of the re-entry procedure.
- Monitoring and recovery:
 - Maintain monitoring of temperatures, refrigeration, air/water quality, pharmaceuticals, and facility security, as feasible to enable a safe and sustainable environment.
 - Consider event debriefing/evaluation such as:
 - Multi-disciplinary Incident Debriefing.
 - Evaluation of Response Plans (After Action Reports).
 - Repopulation After Evacuation Plan (Improvement Plan/Corrective Action Plans).

- Each decision should be considered on a case-by-case basis. It is understood that an evacuated organization will not be staffed, nor will perishable resources be re-stocked until necessary approvals are received, and repopulation plans are initiated.
- Related resources:
 - Community Planning Guide for Re-Entry after an Evacuation – Government of Alberta 2018.
 - Community Re-entry Considerations: For First Nations and Local Authority Reference Guide – Government of British Columbia 2021.
 - Hospital Repopulation After Evacuation: Guidelines and Checklists – California Hospital Association 2017.

Insurance coverage for decision-making during and while transitioning out of emergencies.

- 5. Question: Given the demands of the wildland fires are having on the healthcare systems, we are being asked to prepare for or evacuate healthcare facilities. Are there any risk considerations to help support decision-making?**

Answer:

Organizations are strongly encouraged to maintain detailed documentation of decisions made, including the context and conditions requiring those decisions and actions taken. It is especially important to thoroughly document decisions involving internal and external committees or other professional bodies. By doing so, organizations can demonstrate transparency, accountability, and the proper functioning of their internal processes; including maintaining a clear record of the collective decision-making process, and showcasing that decisions were made with careful consideration and input from relevant experts.

Such documentation can be instrumental in defending the organization's actions, providing an objective account of the decision-making rationale and adherence to established orders, regulations, and best practices. In the event of civil litigation, these records can serve as vital evidence to support the organization's position and protect its interests, strengthening its legal defense and enhancing its credibility in a court of law. Additionally, retaining documentation over an extended period allows organizations to access historical records, facilitating accurate reconstruction of events and providing valuable insights for future decision-making and risk management.

- 6. Question: Is coverage under HIROC removed or compromised in situations where difficult decisions (e.g., transfers of patients, realignment of staff and volunteers, evacuation of health facilities, etc.) are made in order to respond to wildland fires?**

Answer:

No. Coverage under HIROC's Composite Liability Policy continues pursuant to the terms of the policy and is not reduced or removed as a result of Subscribers' difficult but necessary decisions. In particular, coverage continues for third-party (i.e., patients and families) claims of negligence or of failure to meet the standard of care based on such decisions. HIROC coverage extends to the Subscriber, its employees, volunteers and directors and officers.

Such difficult decisions are integral to the ordinary operation of a healthcare institution. Each Subscriber must make such decisions based on a balance of risks so that the risks flowing from the decision are considered in reference to those risks which could flow from a failure to take the action in question. Any policy choices or decisions which survive the expiration of provincial orders or directives should be subject to ongoing evaluation as to their continued advisability.

Some additional Resources:

Accreditation Canada (2020). [Emergency and Disaster Management](#)
American College of Emergency Physicians (2017). [Hospital Disaster Preparedness Self-Assessment Tool](#)
Agency for Healthcare Research and Quality (2018). [Hospital Evacuation Decision Guide](#)
American Association for Physician Leadership (2018). [What Hospital Leaders Learned from the Wildfire](#)
California Emergency Medical Services Authority (2017). Wildland Fire Incident Response Guide
California Hospital Association (2017). Emergency Preparedness: Hospital Evacuation
Centers for Disease Control and Prevention (2022.). [CDC Situation Awareness – 2022 Wildfire Preparedness and Response](#)
Government of Canada. (2015) Emergency Management Organizations
Harvard School of Public Health (2014). [Essential Functions and Considerations for Hospital Recovery Version 2](#)
Massachusetts Dept. of Public Health (2014): MDPH Hospital Evacuation Toolkit – Planning Guide
Northern Health Region. (2018) Guidelines for Evacuating Clients, and checklists (Policy No. AD-03-30)
Northern Health Region. (2018) Code Green Evacuation (Policy No. AD-03-30)
Northern Health Region. (2021) Contingency Plans Wildland Fire Smoke (Policy No. AD-03-30)
Northern Health Region. (2022) Generic Health Facility Closure/Restoration Plan. (Policy No. AD-03-30)
Public Safety Canada. (2023) The First Public Report of the National Risk Profile.

We hope you will find this to be helpful. If you have any further concerns or questions regarding your insurance coverage, please contact Shahbaz Haque, Director of Insurance Services at shaque@hiroc.com, Risk Management support at riskmangement@hiroc.com or me at cgaulton@hiroc.com.

Sincerely,

Catherine Gaulton
CEO, HIROC