# The Simulation of Assisted Evacuation in Hospitals

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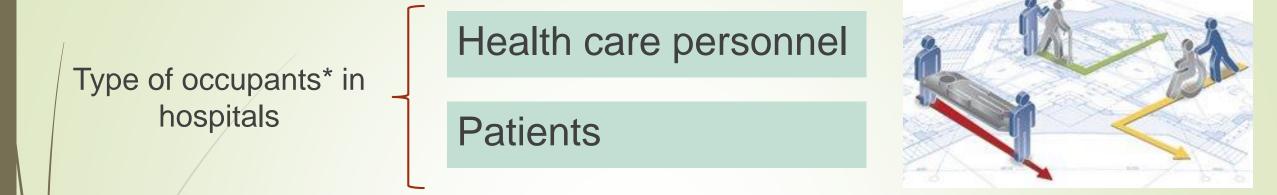
- Fire evacuation is hospitals requires a well-defined strategy and an effective execution that involves the assistance of patients that are not able to evacuate.
- Computer evacuation models have been developed for self-evacuation instead of assisted evacuation.
- All patients have a preparation time that may depends on the illness or treatment (i.e. disconnect from equipment, movement from bed to wheelchair, stretcher, or the common pre-evacuation activities such as get dressed or gathering belongings)
- Health care personnel will assist the patients and in many cases they will transport them during the evacuation.

#### This work:

The capabilities of STEPS and Pathfinder to simulate an assisted evacuation is explored.

A model strategy is proposed to adapt those models and it is applied to a hospital floor plant.

#### Occupants characteristics



Type A – Ambulant patients with reduced mobility

- Type B Non- ambulant patients- wheelchair
- Type C Non- ambulant patients- stretcher, blanket or others (may include the connection to any medical equipment).

\*other occupants are not considered in this study

#### Key parameters in an assisted evacuation

- Pre-Evacuation time ( $t_{pe_S}$ )- time elapsed until each health care personnel member starts the movement to evacuate the patients.
- Preparation time  $(t_p)$  Time required for preparing the patients for Evacuation
- Uninpeded walking speed ( $W_S$ ) walking speed of each health care personnel moving towards a patients or returning to the next patient

Transportation speed  $(W_p)$  – walking speed while transporting the patients

#### Occupants characteristics

## Proposed inputs for key parameters

#### **Response and preparation time for patients**

Туроlоду	Distribution law	Mean [s]	Sigma [s]	Range [s]
Health care personnel	Log-normal	71	60	
Type 1	Normal	60	20	30-90
Type 2	Normal	110	36	100-120
Туре 3	Normal	360	40	180-900

#### Unimpeded and transportation velocities for health care facilities

Parameter	<b>Distribution law</b>	Mean [m/s]	Sigma [m/s]	Range [m/s]
Unimpeded speed for health care personnel members	Normal	1.35	0.25	0.65 - 2.05
Speed for ambulant patients with reduced mobility	Uniform	1.12	0.28	0.84 -1.40
Transportation speed for wheelchair	Normal	0.63	0.04	
Transportation Speed for stretcher	Normal	0.40	0.04	

Levels of "triage" systems: Get as many patients out as possible

1. Inmediate danger

2. Type A – Ambulant patients

3. Type B – patients requiring some transport (wheelchair)

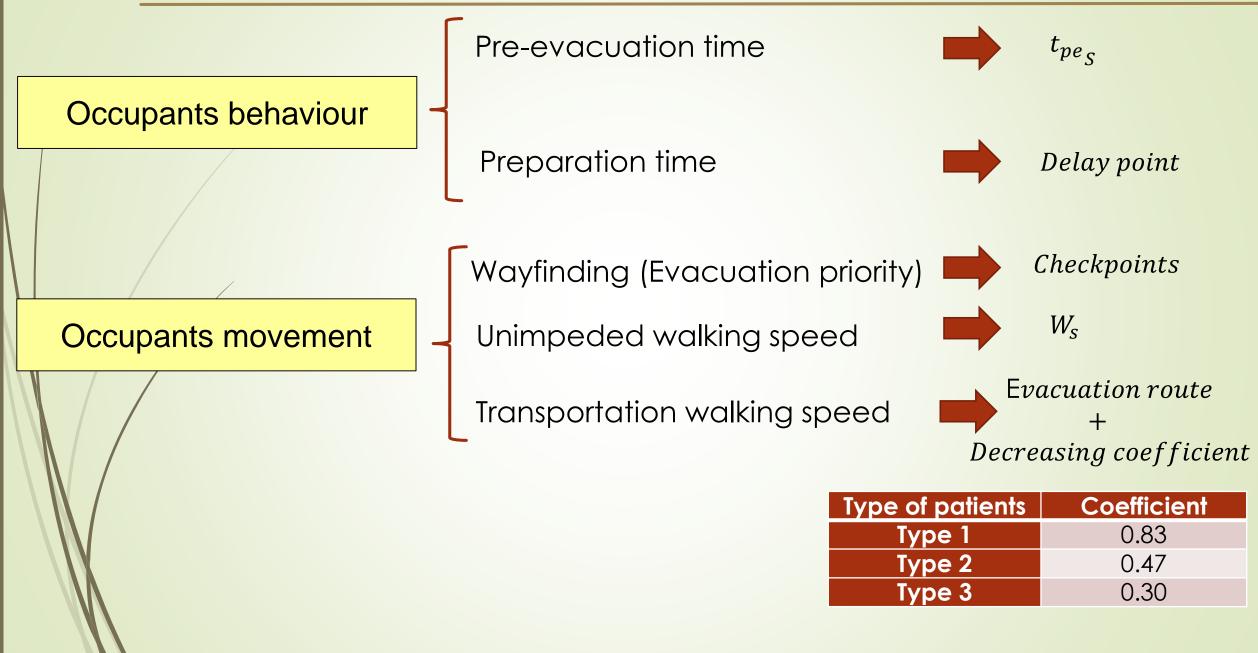
4. Type C – patients requiring transport (stretcher/blanket)

5. Patients who are difficult to evacuate (i.e. ICU, bariatrics)

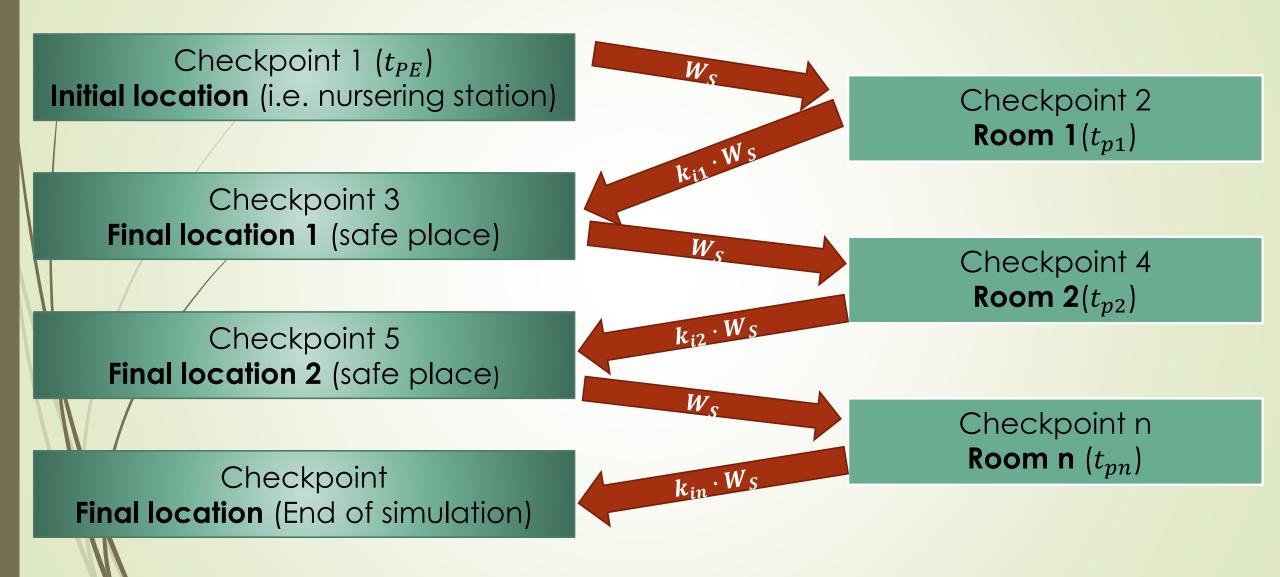
# Model strategy for assisted evacuation

- 1. Personnel gathered in an initial point receiving the information (Evacuation priority)
- Two personnel member (emergency group EG) will assist each patient. Each EG is represented as ONE agent in the model.
- **3.** Each agent has his/her  $t_{pe_s}$  and  $W_s$
- 4. Each agent (EG) wait in the room a time equivalent to the preparation time.
- 5. After the preparation time  $t_p$ , the agent will start the Evacuation movement with a walking speed similar to the transportation speed.
  - Once the agent has reached the safe place, the agent will move towards the next patient ( $W_S$ ).
- 7. Steps 2 to 6 to be repeated until each agent has complete his defined evacuation priority.

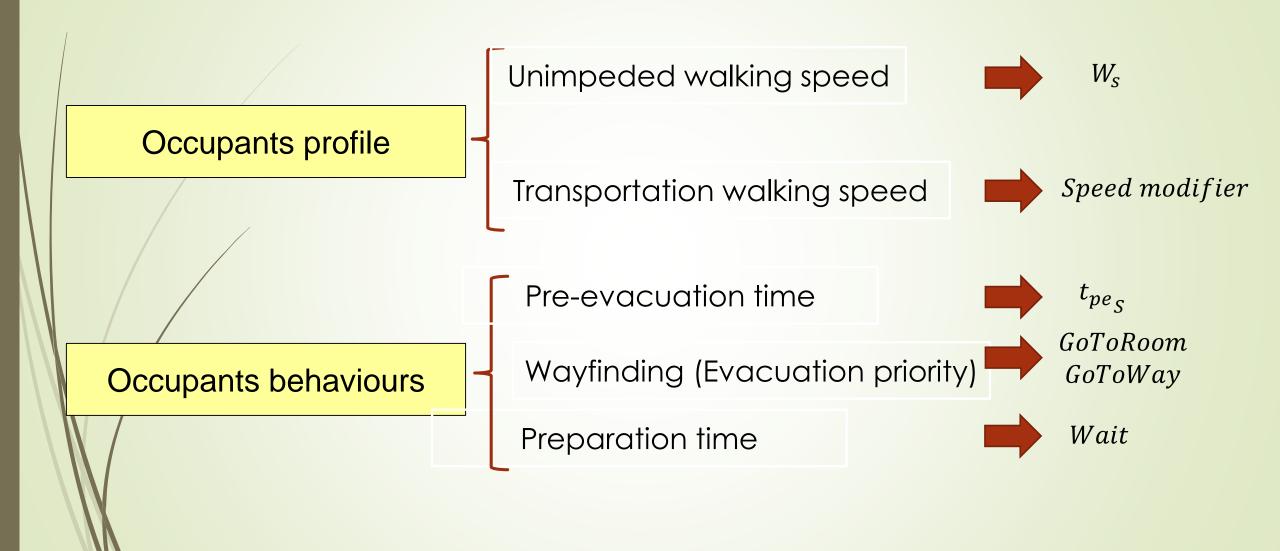
# Application of STEPS for assisted Evacuation in hospitals



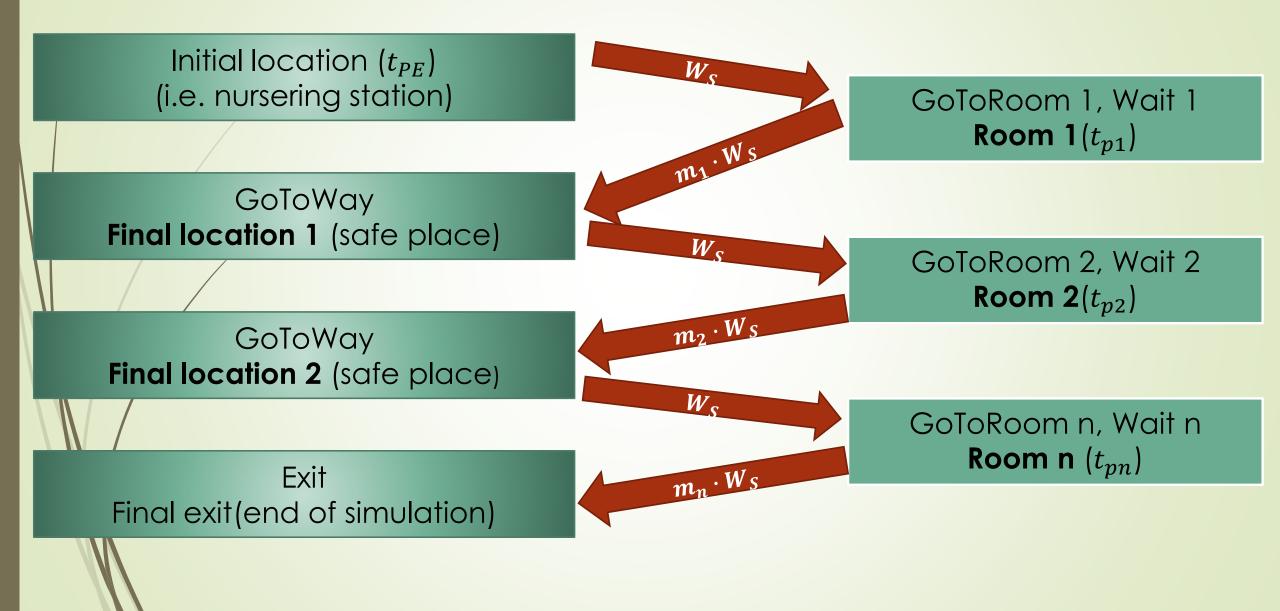
## Calibration method for STEPS model



## Application of Pathfinder for assisted Evacuation in hospitals

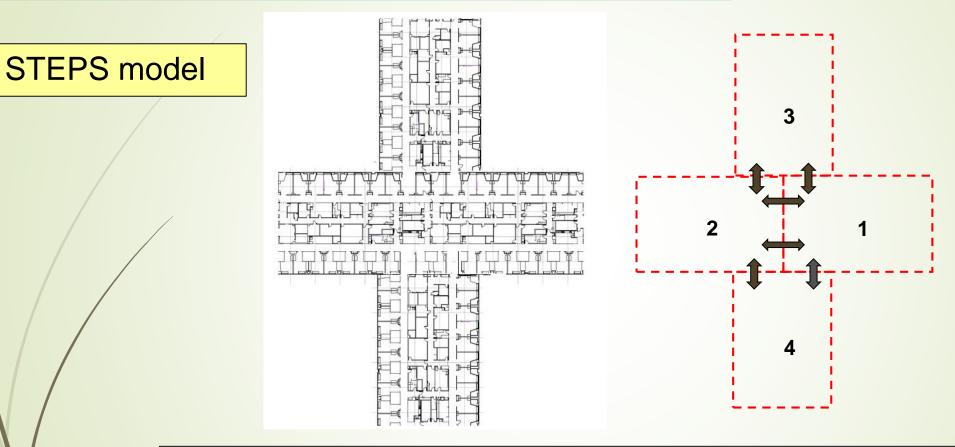


#### Calibration method for Pathfinder model



# Model case study

#### Hypothetical hospital floor plant for sleeping area<sup>1</sup>



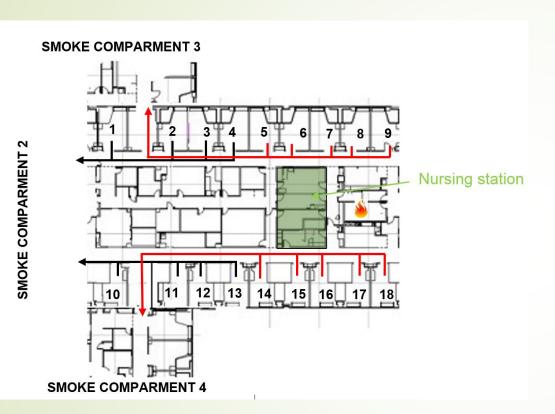
4 smoke compartaments of 1781m<sup>2</sup> (mantaining the 61 m as máximum travel distance)
18 rooms in each smoke compartament

22 patients

<sup>1</sup>V. Alonso, "Egress Modelling in health Care Occupancies," National Fire Protection Association, Fire Protection Research Foundation report, 2014.

## Model case study – Evacuation scenario

#### Evacuation to other smoke compartment



#### Ramdon location of patients in rooms



- Scenario 1 6 emergency groups (12 health care personnel)
- Scenario 2 4 emergency groups (8 health care personnel)
- Scenario 3 3 emergency groups (6 health care personnel)

#### Model case study – Evacuation strategy

#### Evacuation priority based on the "triage" system:

		Rooms							
	EG 1	9	2 (T1)	5	2 (T3)				
Scenario 1	EG 2	8	7	4					
	EG 3	6 (T1)	6 (T3)	3	1				
•	EG 4	18	14 (T2)	16 (T3 <sub>1</sub> )	11				
	EG 5	17	15	13	10				
	EG 6	14 (T1)	16 (T3 <sub>2</sub> )						
	EG 1	9	2 (T1)	7	5	3	1		
Scenario 2	EG 2	8	6 (T1)	6 (T3)	4	2 (T3)			
	EG 3	18	14 (T1)	14 (T2)	16 (T3 <sub>1</sub> )	12	10		
	EG 4	17	15	16 (T3 <sub>2</sub> )	13	11			
Scenario 3	EG 1	9	17	2 (T1)	7	6 (T3)	4	2 (T3)	1
	EG 2	18	6 (T1)	15	16 (T3 <sub>1</sub> )	5	12	11	
	EG 3	8	14 (T1)	14 (T2)	16 (T3 <sub>2</sub> )	13	3	10	

#### Model case study – Analysis and Results

100 simulations for each simulation

Scenario	Mean evacuation time (min)	Standard deviation (min)	90 <sup>th</sup> percentile of the evacuation time (min)	95 <sup>th</sup> percentile of the evacuation time (min)
1	30:13	02:25	33:24	34:32
2	43:08	02:16	46:13	47:01
3	59:34	04:09	65:04	66:23

Scenario 1/ Scenario 2 – More than 12 minutes Scenario 1/ Scenario 3 – More than 29 minutes

- Two types of occupants are identified in hospital evacuation: Health care personnel and patient.
- The evacuation procedure in hospitals follows a predefined evacuation priority (usually triage).
- Key parameters are identified in an assisted evacuation:  $t_{pe_S}$ ,  $t_p$ ,  $W_S$ ,  $W_p$ .
- Evacuation models are mainly developed for simulating self evacuation processes but their flexibility allow the user to calibrate them to represent other scenarios such as assisted evacuation.
- Based on a defined model strategy, STEPS and Pathfinder are calibrated for the simulation of horizontal evacuation in hospitals

#### Discussion

#### • The capabilities and limitations of STEPS and Pathfinder are:

		STEPS		Pathfinder*			
	Directly modelled?	Calibrated ?	Additional information	Directly modelled?	Calibrated?	Additional information	
Geometry	YES	-	Limitations of fine network models	YES	-		
Pre-evacuation time	YES	-		YES	-		
Preparation time	NO	YES	Delay points in rooms	NO	YES	Wait in rooms	
Unimpeded walking speed	YES	-		YES	-		
Transportation speed	NO	YES	Decreasing coefficient linked to a defined route	NO	YES	Using speed modifiers in certain areas	
Evacuation priority	NO	YES	checkpoints	NO	YES	GoToRoom	
* New featuress for assisted evacuation will be relased in PathFinder 2016.2							

The case study shows the possibilities of the calibration method for STEPS.

- STEPS and Pathfinder models have sufficient flexibility to be calibrated and used in assisted evacuation in hospitals.
- Both models can simulate the pre-evacuation time and unimpeded walking speed of health care personnel and can be calibrated for representing the evacuation priority in case of fire.
- Model's attributes *delay point* (STEPS) and *Wait* (Pathfinder) represent the preparation times of patients in each room, but Wait is a deterministic input.
- STEPS defines an evacuation route assigning a decreasing coefficient to a route to mimic the transportation time. Pathfinder allows the use of speed modifier to be applied in certain areas. Assumptions on the areas and routes to be considered.

