Hospital Evacuation Planning: Horizontal, Vertical, and Full Evacuation Protocols

THE DIRECT ANSWER

When fire or smoke threatens a care area, hospitals defend in place first: move patients laterally into an adjacent smoke compartment on the same floor and keep treating them. If that compartment cannot safely hold everyone, relocate vertically to another protected floor—usually by stair-assisted movement, not routine passenger elevators. Full building evacuation is the last option, executed under incident command and the posted fire plan, not from memory or a training acronym alone. Hospital evacuation planning sits at the intersection of life safety design, clinical operations, and regulatory proof.

THREE TIERS: HORIZONTAL, VERTICAL, THEN FULL EVACUATION

- Horizontal relocation — lateral movement within the same floor into a separate smoke compartment.
- Vertical relocation — movement to another floor when the current floor's compartments are exhausted or untenable.
- Full building evacuation — when command and the fire department determine the facility cannot safely shelter in place.

HORIZONTAL RELOCATION MECHANICS

- Horizontal relocation is not "everyone to the parking lot." It is controlled lateral movement—typically through cross-corridor smoke doors—into a neighboring smoke compartment that is still separated from the fire zone by rated smoke barriers and self-closing smoke or fire doors.

FIELD QUESTION

When is horizontal relocation the right first move?

Use horizontal relocation when fire or smoke is confined to a compartment, adjacent smoke barriers and self-closing doors are intact, and a neighboring compartment on the same floor can accept patients while care continues. It is the default hospital strategy before you commit to changing floors or leaving the building.

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Caution: codes, editions, and targets vary by facility and authority having jurisdiction (AHJ). Figures marked as common practice are facility targets, not code requirements. Confirm against your AHJ and the current code text before acting.