San Joaquin County
Hospital Evacuation Plan

July 22, 2009
(Updated April 7, 2010)

San Joaquin County Emergency Medical Services Agency
500 West Hospital Road, Benton Hall, French Camp, California 95231

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1.   <u>PURPOSE AND AUTHORITY</u>

This plan is intended for use by all San Joaquin County acute care hospitals hereafter referred to in this document as "Hospital". This plan is issued under the joint authority of the San Joaquin County Emergency Medical Services Agency Administrator and the San Joaquin County Public Health Officer (*Health and Safety Code, Division 2.5, Article 4, Sections 1797.153)* requiring the development of medical and health disaster plans for the Operational Area.

The San Joaquin County Emergency Medical Services (EMS) Agency is responsible for the planning, implementation and evaluation of the EMS system including the provision of pre-hospital emergency medical care and ambulance transportation *(Health and Safety Code, Division 2.5, Article 4, Section 1797.204, et seq.*). The EMS Agency Administrator serves as the Medical Health Operational Area Coordinator (MHOAC) and has been appointed as the OES Region IV Regional Disaster Medical Health Coordinator (RDMHC), with responsibility for the coordination of the medical mutual aid system *(California Health and Safety Code, Division 2.5, Article 4, Sections 1797.152 and 1797.153)*

The San Joaquin County Public Health Officer may oversee decisions made by "at risk" facilities and may under the emergency powers granted by *Health and Safety Code, Division 101, Section 101040 and 101080*, order evacuations or sheltering-in-place or when necessary countermand decisions made by affected facilities to evacuate.

2.   <u>OBJECTIVE AND RELATED POLICIES</u>

The objective of this plan is to ensure the orderly and timely movement of patients from an affected hospital or hospitals which require evacuation. The procedures outlined in this plan incorporate the following systems and concepts:

2.1   **Use of Incident Command System**

It is the policy of San Joaquin County that once the decision is made to evacuate a hospital, the hospital will be designated an incident site**.** A Unified Incident Command will be established at the hospital, which will be comprised of hospital officials and other public safety agencies with jurisdictional or statutory authority (EMS, Public Health, Fire, Law, etc.), including a representative from the Exclusive Operating Area (EOA) ambulance provider. See Section 4 "Command and Control" for more information.

2.2   **Control of Patient Dispersal**

In an unplanned emergent evacuation the affected hospital may choose to conduct all evacuation coordination activities including patient transfer or may choose to be assisted with patient dispersal by the EMS Agency.

In all cases, the Operational Area Disaster Control Facility (DCF) functions provided by

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San Joaquin General Hospital (SJGH) are available to assist the affected hospital or hospitals. The DCF may conduct an inpatient bed poll of the unaffected hospitals in the operational area or within the eleven counties in OES Region IV to determine which hospitals can accept patients from the evacuating hospital(s). The DCF may assist the evacuating hospital with patient dispersal using modified Region IV Multi-Casualty Incident (MCI) Plan procedures as specified in this document.

If SJGH is being evacuated the San Joaquin County EMS Agency Duty Officer, acting on behalf of the Regional Disaster Medical Health Coordinator (RDMHC), may conduct regional bed polling and determine patient destinations or may assign these functions to a DCF in an unaffected county. (See Appendix J, Regional Polling of Hospital Inpatient Beds RDMHC Policy No. 08-001).

During a planned evacuation patient dispersal or transfers are the responsibility of the evacuating hospital(s) and may be coordinated with the EMS Agency Duty Officer if such coordination is requested by the affected hospital or if the EMS Agency determines that the evacuation may impact the integrity of the EMS system.

2.3 **Mutual Aid**

Medical mutual aid requests will be coordinated by the Medical Health Operational Area Coordinator (MHOAC) in compliance with the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

2.4 **Hospital Patient Evacuation Categories:**

The following patient categories have been identified and can be documented using the Hospital Patient Evacuation Category Form (See Appendix A, Form HE 401):

1) Adult Intensive Care Unit (ICU) - critically ill/injured patients, including ventilator support. Also includes patients in OR and recovery.

2) Medical/Surgical - also thought of as "Ward" patients

3) Burn – these patients are NOT to be included in other ICU patient counts

4) Pediatric Intensive Care Unit (PICU) – same as for Adult ICU, but for patients 17 years and younger

5) Pediatric - Medical/Surgical patients 17 and younger.

6) Neonatal Intensive Care Unit (NICU) - infants in isolettes

7) Obstetrics – includes labor and postpartum mothers with infant(s)

8) Psychiatric – patient in a closed/locked psychiatric unit attended by a sitter

9) Negative Pressure/Isolation - highly contagious patients

10) Decontamination – patients requiring decontamination

11) Incarcerated – patients from a jail or prison system, attended by a correctional officer

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12) <u>Emergency Department</u> - patients not admitted, by START triage categories

   a. Immediate – life threatening illness or injuries requiring definitive treatment within 1 hour

   b. Delayed – serious illness or injuries not immediately life threatening, any patient requiring a back board, bed, or gurney

   c. Minor – generally any patient that can be sent to a waiting room before being treated

In the event that the evacuating hospital(s) needs assistance with patient transportation and/or destinations, the hospital shall provide the Patient Transportation Group Supervisor with a copy of the Hospital Patient Evacuation Category Form HE 401.

2.5 **Evacuation Status**

During a hospital evacuation the EMS Agency Duty Officer, or designee, will make contact (in person, by telephone, or radio) with the evacuating hospital(s) to verify whether or not that the hospital needs assistance with patient transportation and/or destinations.

2.6 **Patient Transportation Resource Needs**

Hospitals in need of patient transportation assistance will provide the Patient Transportation Group Supervisor with a list of patients per evacuation category, as described in Section 2.4. The Patient Transportation Group Supervisor will use the Patient Transportation Resource Needs Worksheet (See Appendix C, Form HE 403) to determine the numbers and types of transportation resources needed.

3. <u>EVACUATION PROCEDURES</u>

These procedures apply to the movement of patients from the evacuating hospital to a receiving hospital or other suitable facility. Such evacuations are classified as "emergent" or "planned". Emergency situations may also warrant the use of a "shelter-in-place" protective action.

3.1 **Emergent Evacuation**

An emergent evacuation is defined as unplanned spontaneous movement of patients out of the hospital due to an immediate threat that renders the facility unsafe for occupancy. Because an emergent evacuation is caused by an unforeseen event, other emergency response agencies may need to be immediately activated to assist.

Example: A fire breaks out in the hospital prompting the immediate evacuation of patients and staff. Property damage is severe and the facility is determined to be unsafe for occupancy. Patients are transported to other hospitals for care.

3.1.1. **Notification Requirements**

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1) Hospital notifies

   A. 9-1-1, only if Fire or Law Enforcement assistance is needed

   B. Change the EMSystem facility status to "Internal Disaster"

   C. Disaster Control Facility, if EMSystem is down (209) 468-6310

   D. Family member or guardian of patients being discharged

   E. Once it is assured that all patients have been removed from harm's way, the evacuating hospital is responsible to notify the California Department of Public Health, Licensing & Certification.
      • Sacramento District Office ……………………… .(916) 263-5800
      • Toll Free ………………………………………. (800) 544-0354
      • Fax …………………………………………..… (916) 341-6840
      • Fax …………………………………………..… (916) 341-6841
      • Duty Officer Pager (After Hours & Weekends) … (916) 328-3605

2) Disaster Control Facility (DCF) notifies

   A. The EMS Agency Duty Officer
      • EMS Agency ………………………………….. (209) 468-6818
      • Duty Officer (After Hours and Weekends) ……… (209) 234-5032
      • Duty Officer (Secondary After Hours Contact) …. (209) 236-8339

3) EMS Agency Duty Officer notifies

   A. The Medical Health Operational Area Coordinator (MHOAC)

   B. The Region IV, Regional Disaster Medical Health Coordinator (RDMHC)

   C. The county designated EMS dispatch center, to request the response of a supervisor from the Exclusive Operating Area (EOA) ambulance provider to coordinate ambulance resources and fill the position of Patient Transportation Group Supervisor.

   D. Other agencies based upon the situation (Public Health Services, OES, etc.).

3.1.2. **Patient Movement**

Patients will be evacuated to a safe location, e.g. parking lot, lawns, or other buildings, in accordance with the hospital's Emergency Operations Plan.

If the evacuating hospital needs assistance with patient transportation and destinations the Disaster Control Facility (DCF) will conduct an OES Region IV inpatient bed poll to

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determine in patient bed availability and determine patient destinations, if needed. The EMS Agency Duty Officer, or designee, will activate the Medical Mutual Aid system to obtain additional ambulance or medical transportation resources as needed. The County's designated EMS dispatch center is the single point of contact for all EMS, ambulance, and transportation resources. Suitable transportation will be determined by the Patient Transportation Group Supervisor in conjunction with the Hospital Medical Care Branch Director, or designee.

Whenever, possible the evacuating hospital(s) will provide one qualified Registered Nurse (RN) to accompany each Adult ICU, Burn, Pediatric ICU, and/or Neonatal ICU patient being transferred.

In instances when an incarcerated patient(s) is being evacuated, correctional officers will accompany the patient(s) during transport/transfer, in accordance with the correctional institute's policies.

In the event that there are not enough available beds within OES Region IV to place all evacuated patients, the RDMHC shall contacted and the RDMHC shall coordinate the distribution of patients to other Mutual Aid Regions throughout the state.

3.1.2.1   Movement of Patients to a Government Authorized Alternate Care Site or Field Treatment Site

In the event that patients must be transported to a Government Authorized Alternate Care Site or a Field Treatment Site, the staff from the evacuating hospital will accompany and provide care for the evacuated patients.

3.2.   **Planned Evacuation**

A planned evacuation is defined as a situation where the threat to the hospital is not immediate and time is available to conduct orderly patient movement. Patients can remain within the facility without danger to their well being for a limited amount of time until relocation arrangements are made.

Example: A hospital experiences an air conditioning system failure at 6:00 AM. Temperatures are forecasted to reach a high of 110 degrees by 4:30 PM. Hospital officials determine that if they are unable to repair the air conditioning system in time they will need to evacuate patients to another facility. Adequate time is available to make arrangements for patients to be moved to other hospitals.

3.2.1. **Notification Requirements**

1) Hospital notifies

   A. Change the EMSystem facility status to "Internal Disaster"

   B. The EMS Agency Duty Officer, only if patient transportation and/or

destinations assistance is needed.
- EMS Agency ……………………………………….. (209) 468-6818
- Duty Officer (After Hours and Weekends) ……… (209) 234-5032
- Duty Officer (Secondary After Hours Contact) …. (209) 236-8339

C. Family member or guardian of patients being discharged

D. California Department of Public Health, Licensing & Certification.
- Sacramento District Office …………………………. .(916) 263-5800
- Toll Free ……………………………………………. (800) 544-0354
- Fax …………………………………………….…… (916) 341-6840
- Fax …………………………………………….…… (916) 341-6841
- Duty Officer Pager (After Hours & Weekends) … (916) 328-3605

2) EMS Agency Duty Officer notifies

A. The Medical Health Operational Area Coordinator (MHOAC)

B. The Region IV, Regional Disaster Medical Health Coordinator (RDMHC)

C. The county designated EMS dispatch center, to request the response of a supervisor from the Exclusive Operating Area (EOA) ambulance provider to coordinate ambulance resources and fill the position of Patient Transportation Group Supervisor.

D. Other agencies based upon the situation (Public Health Services, OES, etc.).

3.2.2 **Patient Movement**

Patients will be evacuated to a safe location, e.g. parking lot, lawns, or other buildings, in accordance with the hospital's Emergency Operations Plan.

If the evacuating hospital needs assistance with patient transportation and destinations the EMS Agency Duty Officer, or designee, will conduct an OES Region IV inpatient bed poll to determine in patient bed availability and determine patient destinations, if needed. The EMS Agency Duty Officer, or designee, will also activate the Medical Mutual Aid system to obtain additional ambulance or medical transportation resources as needed. The County's designated EMS dispatch center is the single point of contact for all EMS, ambulance, and transportation resources. Suitable transportation will be determined by the Patient Transportation Group Supervisor in conjunction with the Hospital Medical Care Branch Director, or designee.

Whenever, possible the evacuating hospital(s) will provide one qualified Registered Nurse (RN) to accompany each Adult ICU, Burn, Pediatric ICU, and/or Neonatal ICU patient being transferred.

In instances when an incarcerated patient(s) is being evacuated, correctional officers will

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accompany the patient(s) during transport/transfer, in accordance with the correctional institute's policies.

In the event that there are not enough available beds within OES Region IV to place all evacuated patients, the RDMHC shall contacted and the RDMHC shall coordinate the distribution of patients to other Mutual Aid Regions throughout the state.

3.3   **Shelter-In-Place**

Patients remain inside the hospital. Windows and doors are closed and the ventilation system closed to outside air. (See Appendix F)

Example: A train derailment occurs two miles upwind from the hospital. One of the railcars, containing 180,000 pound of chlorine (a toxic gas), is leaking. Emergency personnel on scene estimate that the toxic gas will travel approximately five miles downwind, and advises the Incident Commander to issue a shelter-in-place order for all downwind residents and businesses within five miles of the release.

3.3.1   **Notification Requirements**

1) Hospital notifies

   A. Change the EMSystem facility status to "Internal Disaster"

   B. The EMS Agency Duty Officer
   - EMS Agency …………………………………….. (209) 468-6818
   - Duty Officer (After Hours and Weekends) ……… (209) 234-5032
   - Duty Officer (Secondary After Hours Contact) …. (209) 236-8339

   C. The California Department of Public Health, Licensing & Certification.
   - Sacramento District Office …………………………. .(916) 263-5800
   - Toll Free ……………………………………………. (800) 544-0354
   - Fax …………………………………………………..… (916) 341-6840
   - Fax …………………………………………………..… (916) 341-6841
   - Duty Officer Pager (After Hours & Weekends) … (916) 328-3605

   D. EMS Agency Duty Officer notifies

      A. The Medical Health Operational Area Coordinator (MHOAC)

      B. The Region IV, Regional Disaster Medical Health Coordinator (RDMHC)

      C. The county designated EMS dispatch center

      D. Other agencies based upon the situation (Fire, Law, Public Health Services, OES, etc.).

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3.3.2 **Patient/Resident Movement**

There is no movement of the patients outside the facility.

4. COMMAND AND CONTROL

The evacuating hospital will manage the evacuation in accordance with their Emergency Operations Plan, utilizing the Hospital Incident Command System (HICS). Field operations involving the transportation of patients will be managed using the Incident Command System (ICS) and Manual 1 of the OES Region IV Multi Casualty Incident Plan. Patient distribution will be managed in accordance Manual 2 of the OES Region IV Multi Casualty Incident Plan. Medical Mutual Aid will be managed in accordance with Manual 3 of the OES Region IV Multi Casualty Incident Plan and the Standardized Emergency Management System (SEMS).

A Unified Command will be established between the Hospital Incident Commander and the public safety Incident Commander.

4.1 **Patient Distribution Organization**

4.1.1 Disaster Control Facility (DCF) Position Descriptions

1) Disaster Control Facility Supervisor – Directs the activities of the DCF

2) Facility Status Officer – Conducts bed polling to determine the bed availability for each receiving hospital and relays patient destinations and other relevant information to the receiving hospitals.

3) Patient Dispersal Officer – Maintains communications with the Patient Transportation Group Supervisor or Medical Communications Coordinator, if assigned. Determines patient destinations and exchanges other relevant information with field personnel.

4.1.2 Field Operations

1) Patient Transportation Group Supervisor (PTGS) – This position coordinates the transfer of patients from the Patient Staging Area to the Patient Loading Area and the loading of patients into ambulances. The PTGS is responsible for completing the Patient Transportation Summary Worksheet Form HE 404.

2) Medical Communications Coordinator - This position establishes and maintains medical communications with the Patient Dispersal Officer in the DCF, or EMS Agency if the DCF is not activated, and advises the PTGS on the destination for each patient.

3) <u>Ground Ambulance Coordinator</u> - This position is responsible for coordination of incoming ground ambulances and keeps the PTSG advised on ground ambulance availability.

4) <u>Air Ambulance Coordinator</u> – This position establishes safe helispots and coordinates all air ambulances. The Air Ambulance Coordinator also keeps the PTGS informed on the availability of air ambulances.

5) <u>Ambulance Staging Area Manager</u> – Manages all aspects of the ground ambulance staging area, including layout, traffic flow, check-in, security, and sanitations needs of the ambulance crews. The Ambulance Staging Area Manager maintains communications with the Ground Ambulance Coordinator and directs staged ambulances to the Patient Loading Area as needed.

4.1.3 Hospital Command Center – The evacuating hospital will manage the evacuation using the Hospital Incident Command System (HICS) and will determine which HICS position will work directly with the Patient Transportation Group Supervisor.
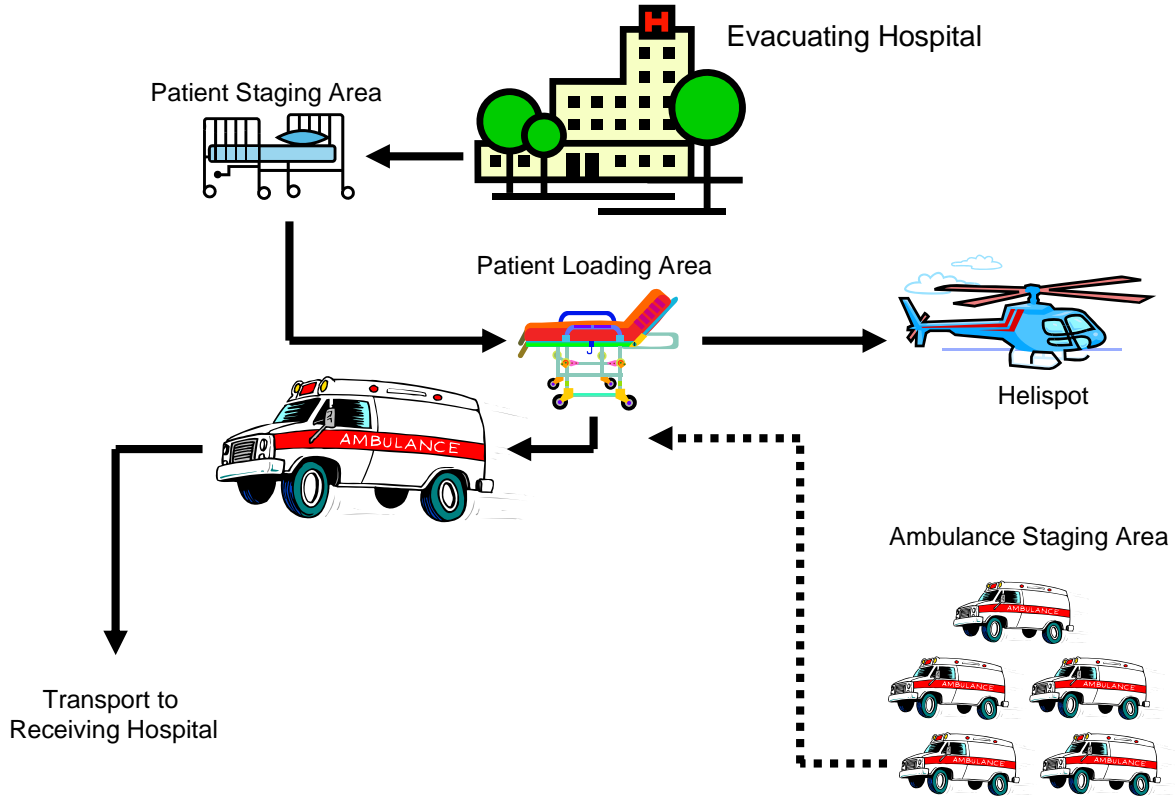
Patient Distribution Organization
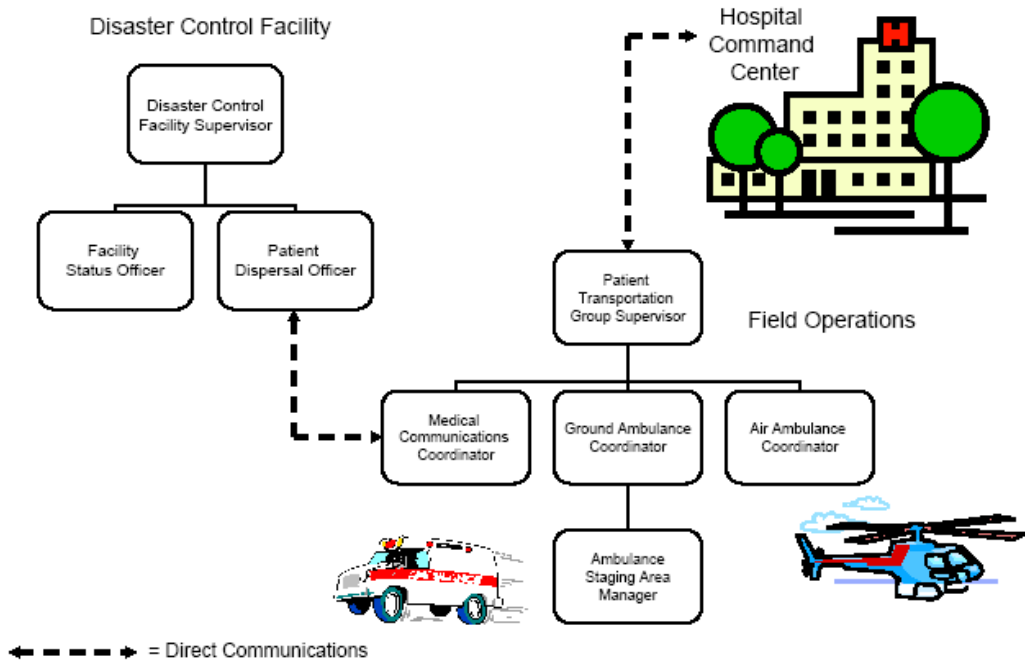
See Appendix J

4.2   **Basic Patient Distribution Layout & Traffic Plan**

Basic Patient Distribution Layout & Traffic Plan

See Appendix K

Appendix A

HOSPITAL NAME:_____   DATE: _____

COMPLETED BY: _____   TIME: _____

HOSPITAL PATIENT EVACUATION CATEGORY FORM		
PATIENT CATEGORIES	**TRANSPORT TYPE**	**NUMBER OF PATIENTS**
Adult Intensive Care Unit (ICU) - critically ill/injured patients, including ventilator support. Also includes patients in OR and recovery.	Air ALS Ground with ICU RN	
Medical/Surgical - also thought of as "Ward" patients	ALS Ground BLS Ground Van/Bus	
Burn – these patients are NOT to be included in other ICU patient counts	Air ALS Ground with ICU RN	
Pediatric Intensive Care Unit (PICU) – same as for Adult ICU, but for patients 17 years and younger.	Air ALS Ground with ICU RN	
Pediatric - Medical/Surgical patients 17 and younger	ALS Ground BLS Ground Van/Bus	
Neonatal Intensive Care Unit (NICU) - infants in isolettes	Air ALS Ground with NICU RN	
Obstetrics – includes labor and postpartum mothers with infant(s)	ALS Ground BLS Ground Van/Bus	Adults:
		Infants:
Psychiatric – patient in a closed/locked psychiatric unit attended by a sitter	ALS Ground BLS Ground Van/Bus Law	
Negative Pressure/Isolation - highly contagious patients	ALS Ground BLS Ground	
Decontamination – patients requiring decontamination	Gross Decon then ALS or BLS Ground	
Incarcerated – patients from a jail or prison system, attended by a correctional officer(s)	ALS Ground BLS Ground Van/Bus with Law	
Emergency Department - patients not admitted, by START triage categories	Air ALS Ground	**I:**
• <u>Immediate</u> – life threatening • <u>Delayed</u> – serious, not life threatening	ALS Ground BLS Ground	**D:**
• <u>Minor</u> – generally any patient that can be sent to a waiting room before being treated	Van/Bus	**M:**

(FORM HE 401) INSTRUCTIONS: The evacuating hospital documents the number(s) of patients in each category and provides a copy of this form to the Patient Transportation Group Supervisor.

Appendix B

HOSPITAL NAME:_____   **DATE:** _____

COMPLETED BY: _____   **TIME:** _____

PATIENT TRANSPORTATION RESOUCE NEEDS WORKSHEET				
Patient Categories	TRANSPORT TYPE	N0. OF PATIENTS	PATIENTS PER TRANSPORT	NO. OF TRANSPORTS
Adult Intensive Care Unit (ICU) - critically ill/injured patients, including ventilator support. and OR and recovery	Air ALS Ground with ICU RN		1	
Medical/Surgical - also thought of as "Ward" patients	ALS Ground BLS Ground Van/Bus		2 to 3	
Burn – these patients are NOT to be included in other ICU patient counts	Air ALS Ground with ICU RN		1	
Pediatric Intensive Care Unit (PICU) – same as for Adult ICU, but for patients 17 years and younger	Air ALS Ground with ICU RN		1	
Pediatric - Medical/Surgical patients 17 and younger	ALS Ground BLS Ground Van/Bus		2 to 3	
Neonatal Intensive Care Unit (NICU) - infants in isolettes	Air ALS Ground with NICU RN		1	
Obstetrics – includes labor and postpartum mothers with infant(s)	ALS Ground BLS Ground Van/Bus	Adults: Infants:	1 to the Van or Bus Capacity	
Psychiatric – patient in a closed/locked psychiatric unit attended by a sitter	ALS Ground BLS Ground Van/Bus Law		1	
Negative Pressure/Isolation - highly contagious patients	ALS Ground BLS Ground		1	
Decontamination – patients requiring decontamination	Gross Decon then ALS or BLS Ground		2 to 3	
Incarcerated – patients from a jail or prison system, attended by a correctional officer(s)	ALS Ground BLS Ground Van/Bus with Law		1 to the Van or Bus Capacity	
Emergency Department - patients not admitted, by START triage categories • Immediate – life threatening	Air ALS Ground	**I:**	1	
• Delayed – serious, not life threatening	ALS Ground BLS Ground	**D:**	2 to 3	
• Minor – generally any patient that can be sent to a waiting room before being treated	Air ALS Ground	**M:**	Van or Bus Capacity	

(FORM HE 402) INSTRUCTIONS: The Patient Transportation Group Supervisor will document the number(s) of patients in each category and multiply by the number of patients per transport to determine the total number of transport vehicles needed.

Appendix C

PATIENT TRANSPORTATION SUMMARY WORKSHEET				1. INCIDENT / FACILITY NAME:			2. DATE PREPARED	3. TIME PREPARED:	
PATIENT READY	PATIENT STATUS	INJURY TYPE (IE: HEAD)	MODE OF TRANSPORT	FACILITY DESTINATION	AMBULANCE CO. AND ID	PATIENTNAME/ TAG NUMBER	OFF SCENE TIME	ETA	FACILITY ADVISED
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
	I D M								Y / N
FORM HE 403		4. PREPARED BY (PATIENT TRANSPORTATION GROUP SUPERVISOR)							

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Appendix D

HOSPITAL EVACUATION CHECKLIST

EMERGENT EVACUATION

- ❑ **Implement Hospital Emergency Evacuation Procedures**
  - Move patients to safe area
  - Collect medical records and essential medical equipment (if safe to do so)
  - Change EMSystem status to "Internal Disaster". Notify the San Joaquin Operational Area Disaster Control Facility (DCF) if EMSystem is down
    - ▪ (209) 468-6310

- ❑ **Dial 9-1-1, if Fire and/or Law Enforcement assistance is needed**

- ❑ **Notify the San Joaquin County EMS Agency Duty Officer,** if patient transportation and/or destination assistance is needed
  - (209) 234-5032 or (209) 236-8339

- ❑ **Establish Unified Command with public safety agency(ies)**
  - Develop and Implement an Incident Action Plan

- ❑ **Determine the numbers of patients in each evacuation category**
  - Hospital Patient Evacuation Category Form HE 401 (Appendix A), provide a copy to Patient Transportation Group Supervisor
  - Contact the families of patients that are going to be discharged home

- ❑ **Document the names and destinations of each evacuated or discharged patient**
  - Hospitals use the HICS 255, HICS 260 or similar forms (Appendix G and H)
  - Patient Transportation Group Supervisor use Form HE 403 (Appendix C)

- ❑ **Notify the California Department of Public Health, Licensing & Certification**
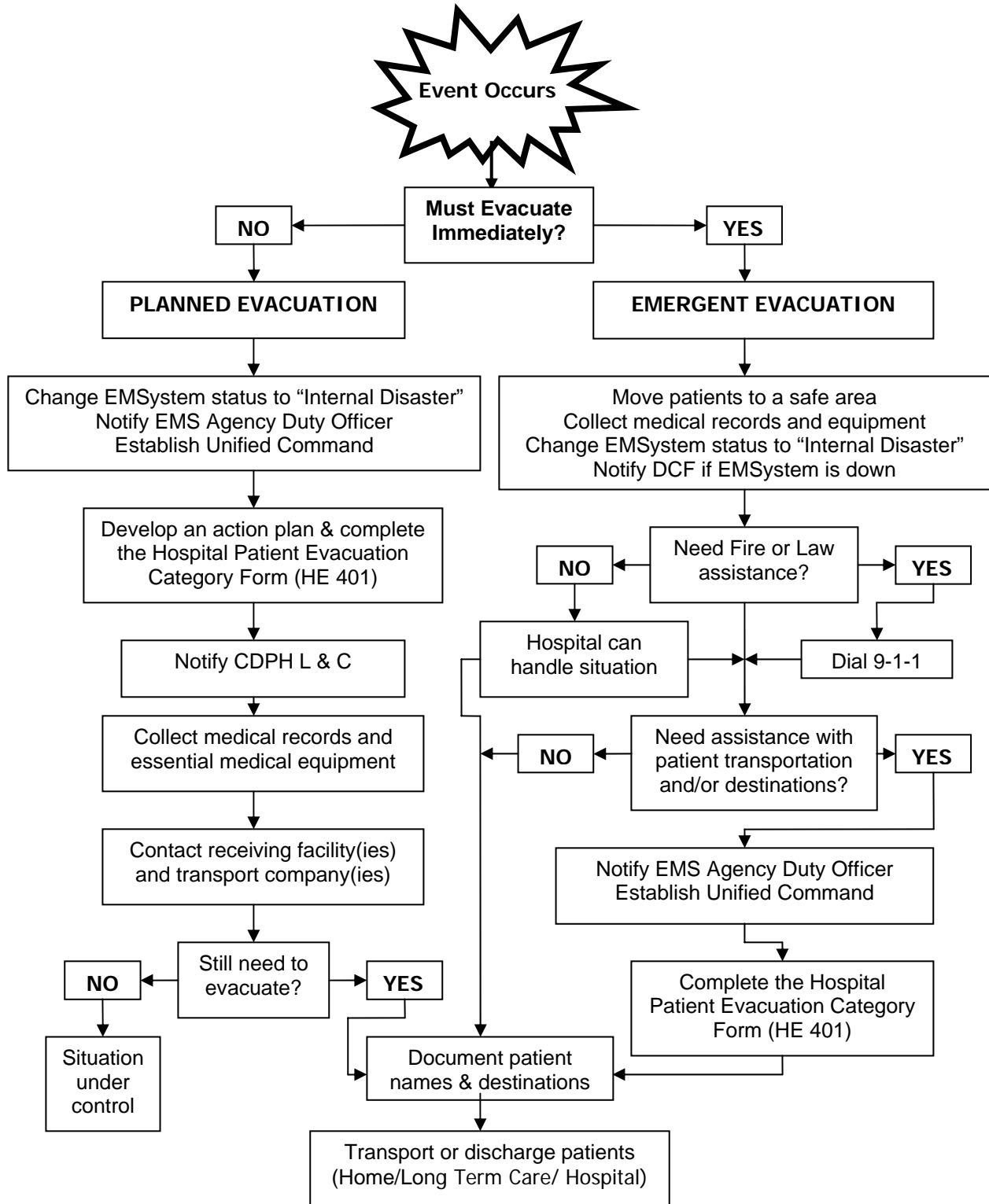 - (800) 544-0354 or (916) 328-3605

PLANNED EVACUATION

- ❑ Change EMSystem status to "Internal Disaster"

- ❑ **Notify the San Joaquin County EMS Agency Duty Officer,** if patient transportation and/or destination assistance is needed
  - (209) 234-5032 or (209) 236-8339

- ❑ **Establish Unified Command with EMS Agency Duty Officer**
  - Develop and Implement an Incident Action Plan

- ❑ **Determine the numbers of patients in each evacuation category**
  - Hospital Patient Evacuation Category Form HE 401 (Appendix A)
  - Contact the families of patients that are going to be discharged home

- ❑ **Notify the California Department of Public Health, Licensing & Certification**
  - (800) 544-0354 or (916) 328-3605

- ❑ **Collect medical records and essential medical equipment**

- ❑ **Notify receiving facility(ies)**

- ❑ **Document the names and destinations of each evacuated or discharged patient**
  - Hospitals use the HICS 255, HICS 260 or similar forms (Appendix G and H)
  - Patient Transportation Group Supervisor use Form HE 403 (Appendix C)

Appendix E

HOSPITAL EVACUATION FLOWCHART

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                          Event Occurs
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Must Evacuate Immediately?

← **NO**   **YES** →

PLANNED EVACUATION   **EMERGENT EVACUATION**

Change EMSystem status to "Internal Disaster"
Notify EMS Agency Duty Officer
Establish Unified Command

Move patients to a safe area
Collect medical records and equipment
Change EMSystem status to "Internal Disaster"
Notify DCF if EMSystem is down

Develop an action plan & complete the Hospital Patient Evacuation Category Form (HE 401)

Need Fire or Law assistance?
NO ←   **YES** →

Notify CDPH L & C

Hospital can handle situation   Dial 9-1-1

Collect medical records and essential medical equipment

Need assistance with patient transportation and/or destinations?
NO ←   **YES** →

Contact receiving facility(ies) and transport company(ies)

Notify EMS Agency Duty Officer
Establish Unified Command

Still need to evacuate?
NO ←   **YES** →

Situation under control

Complete the Hospital Patient Evacuation Category Form (HE 401)

Document patient names & destinations

Transport or discharge patients
(Home/Long Term Care/ Hospital)

HOSPITAL SHELTER-IN-PLACE CHECKLIST

Implement this plan for a chemical release, if advised to Shelter-In-Place by emergency officials.

❑ Notify employees, visitors, patients and vendors to Shelter-In-Place. (Sample message: "May I have your attention, please. San Joaquin County emergency authorities have advised us of a chemical emergency nearby. For your safety, everyone is requested to stay inside and Shelter-In-Place until we are notified that the emergency is over.")

❑ If you have a designated sheltering location with few windows and doors, ask people to move to that area. The area should have access to restrooms and drinking water.

❑ Close and lock windows. Secure doors – a better seal is achieved by locking doors. Post sign "Shelter-In-Place in Effect – Controlled Entry" at main door or window. Location where sign is kept: _____.

❑ Shut off heating, air conditioning or other ventilation system so outside air is not drawn indoors.

List locations where HVAC must be shut down and vents closed:
1.
2.
3.
4.

❑ Turn on AM radio and tune to KFBK 1530 to listen for further instructions. Location of radio at this facility: _____.

❑ Seal cracks around doors and windows (and any vents that do not close) with damp towels, duct tape, plastic sheeting, etc. Location where sealing supplies are kept: _____.

❑ Do not dial 9-1-1 unless you have an emergency that requires an immediate response. Keep lines free for emergency communication.

❑ After the emergency is over and county officials announce an "all clear" via the Emergency Alert System (EAS) and/or news media. Open doors and windows and air out the facility. Account for all employees, visitors, patients and vendors. Turn heating, air conditioning and/or ventilation systems back on. Remove "Controlled Entry" sign. Replace/restock all emergency supplies, radio batteries, etc.

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Appendix G

MASTER PATIENT EVACUATION TRACKING FORM
Hospital Incident Command System
HICS 255

HICS 255 - MASTER PATIENT EVACUATION TRACKING FORM

1. INCIDENT NAME	2. DATE/TIME PREPARED	3. PATIENT TRACKING MANAGER

4. PATIENT EVACUATION INFORMATION

Patient Name	Medical Record#	Disposition Home or Transfer	Evacuation Triage Category Immed Delayed Minor Expired	Accepting Hospital	Time Hospital Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Arrival Confirmed Yes No Yes No	Admit Location Floor ICU ER	Expired (time)
Patient Name	Medical Record#	Disposition Home or Transfer	Evacuation Triage Category Immed Delayed Minor Expired	Accepting Hospital	Time Hospital Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Arrival Confirmed Yes No Yes No	Admit Location Floor ICU ER	Expired (time)
Patient Name	Medical Record#	Disposition Home or Transfer	Evacuation Triage Category Immed Delayed Minor Expired	Accepting Hospital	Time Hospital Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Arrival Confirmed Yes No Yes No	Admit Location Floor ICU ER	Expired (time)
Patient Name	Medical Record#	Disposition Home or Transfer	Evacuation Triage Category Immed Delayed Minor Expired	Accepting Hospital	Time Hospital Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Arrival Confirmed Yes No Yes No	Admit Location Floor ICU ER	Expired (time)
Patient Name	Medical Record#	Disposition Home or Transfer	Evacuation Triage Category Immed Delayed Minor Expired	Accepting Hospital	Time Hospital Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Arrival Confirmed Yes No Yes No	Admit Location Floor ICU ER	Expired (time)
Patient Name	Medical Record#	Disposition Home or Transfer	Evacuation Triage Category Immed Delayed Minor Expired	Accepting Hospital	Time Hospital Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Arrival Confirmed Yes No Yes No	Admit Location Floor ICU ER	Expired (time)

5. SUBMITTED BY	6. AREA ASSIGNED TO	7. DATE/TIME SUBMITTED

8.FACILITY NAME

Purpose: Record information concerning patient disposition during a hospital/facility evacuation **Origination**: Patient Tracking Manager   HICS 255
Copies to: Planning Section Chief and Documentation Unit Leader

HICS 255 – MASTER PATIENT EVACUATION TRACKING FORM

PURPOSE: RECORD INFORMATION CONCERNING PATIENT DISPOSITION DURING A HOSPITAL/FACILITY EVACUATION.

ORIGINATION: PATIENT TRACKING MANAGER.

COPIES TO: PLANNING SECTION CHIEF AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
2. **DATE/TIME PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**. Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
3. **PATIENT TRACKING MANAGER** Use proper name.
4. **PATIENT EVACUATION INFORMATION** List patient by full name and medical record number. Indicate decision to discharge home or transfer. For transfers, record triage category, identify accepting hospital, and record time the accepting hospital was contacted and provided with report. Indicate time transfer was initiated, and record name of transport company. Indicate whether patient medical record was sent, whether medication was sent, and whether patient's family was notified. Indicate whether patient arrival was confirmed, and record where the patient was admitted at the accepting hospital. If patient expired, record time.
5. **SUBMITTED BY** Use proper name to identify who verified the information and submitted the form.
6. **AREA ASSIGNED TO** Indicate area from which these patients were triaged out.
7. **DATE/TIME SUBMITTED** Indicate date and time that the form is submitted to the Planning Section Chief.
8. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: As decisions are made and as information is determined concerning patient disposition during a hospital/facility evacuation.

HELPFUL TIPS: This form may be completed with information recorded in HICS 260, Patient Evacuation Tracking Form, as available.

Appendix H

PATIENT EVACUATION TRACKING FORM
Hospital Incident Command System
HICS 260

HICS 260 – PATIENT EVACUATION TRACKING FORM

1. DATE		2. UNIT	

3. PATIENT NAME	4. AGE	5. MR #

6. DIAGNOSIS (-ES)	7. ADMITTING PHYSICIAN

8. FAMILY NOTIFIED

☐ YES ☐ NO CONTACT INFORMATION:

9. ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY)

☐ Hospital Bed	☐ IV Pumps	☐ Isolette/Warmer	☐ Foley Catheter
☐ Gurney	☐ Oxygen	☐ Traction	☐ Halo-Device
☐ Wheel Chair	☐ Ventilator	☐ Monitor	☐ Cranial Bolt/Screw
☐ Ambulatory	☐ Chest Tube(s)	☐ A-Line/Swan	☐ IO Device
☐ Other	☐ Other	☐ Other	☐ Other

ISOLATION ☐ YES ☐ NO	TYPE

REASON

10. DEPARTING LOCATION / 11. ARRIVING LOCATION

10. DEPARTING LOCATION		11. ARRIVING LOCATION	
ROOM#	TIME	ROOM #	TIME
ID Band Confirmed ☐ YES ☐ NO	By:	ID Band Confirmed ☐ YES ☐ NO	By:
Medical Record Sent ☐ YES ☐ NO		Medical Record Sent ☐ YES ☐ NO	
Addressograph Sent ☐ YES ☐ NO		Addressograph ☐ YES ☐ NO	
Belongings ☐ with Patient ☐ Left in Room ☐ None		Belongings Received ☐ YES ☐ NO	
Valuables ☐ with Patient ☐ Left in Safe ☐ None		Valuables ☐ YES ☐ NO	
Medications ☐ with Patient ☐ Left on Unit ☐ to Pharmacy		Medications Received ☐ YES ☐ NO	

PEDS/INFANTS

Bag/Mask with Tubing Sent ☐ YES ☐ NO	Bag/Mask with Tubing Received ☐ YES ☐ NO
Bulb Syringe Sent ☐ YES ☐ NO	Bulb Syringe Received ☐ YES ☐ NO

12. TRANSFERRING TO ANOTHER FACILITY

TIME TO STAGING AREA	TIME DEPARTING TO RECEIVING FACILITY

DESTINATION

TRANSPORTATION ☐ Ambulance Unit ☐Helicopter ☐ Other:
ID BAND CONFIRMED ☐ YES ☐ NO BY: (please print)

DEPARTURE TIME

13. FACILITY NAME

PURPOSE: Document details and account for patients transferred to another facility. **ORIGINATION:** Medical Care Branch Director
ORIGINAL TO: Patient **COPIES TO:** Patient Tracking Manager and Departing Location

HICS 260

HICS 260 – PATIENT EVACUATION TRACKING FORM

PURPOSE: DOCUMENT DETAILS AND ACCOUNT FOR PATIENTS TRANSFERRED TO ANOTHER FACILITY.

ORIGINATION: INPATIENT UNIT LEADER, OUTPATIENT UNIT LEADER, AND/OR CASUALTY CARE UNIT LEADER.

ORIGINAL TO: PATIENT.

COPIES TO: PATIENT TRACKING MANAGER, MEDICAL CARE BRANCH DIRECTOR, AND EVACUATING CLINICAL LOCATION.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **DATE** Enter today's date. Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
2. **UNIT** Enter the name of the Unit preparing this form.
3. **PATIENT NAME** Enter patient's full name.
4. **AGE** Enter patient's age.
5. **MR#** Enter patient's medical record number.
6. **DIAGNOSIS(-ES)** Briefly list any diagnosis.
7. **ADMITTING PHYSICIAN** Use proper name to identify admitting physician.
8. **FAMILY NOTIFIED** Indicate whether the patient's family has been notified of the evacuation, and note contact information.
9. **ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY)** Check boxes that correspond with equipment that is taken with patient. Also indicate whether patient requires isolation, the isolation type, and reason for isolation.
10. **EVACUATING CLINICAL LOCATION** Record room number from which patient is being evacuated and time of evacuation. [For time, use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.] Indicate whether the patient identification band was confirmed and by whom. Indicate whether patient medical record and addressograph were sent. Indicate disposition of belongings, valuables, and medications. For pediatric patients, indicate whether a bag/mask with tubing and a bulb syringe were sent.
11. **ARRIVING LOCATION** Record room number assigned to patient and time of arrival. Indicate whether the patient identification band was confirmed and by whom. Indicate whether patient medical record, addressograph, belongings, valuables, and medications were received. For pediatric patients, indicate whether a bag/mask with tubing and a bulb syringe were received.
12. **TRANSFERRING TO ANOTHER FACILITY** Indicate time patient arrived at staging area and scheduled departure time to receiving facility. Identify destination and mode of transportation. Indicate whether patient identification band was confirmed by the transportation provider representative and by whom. Record actual departure time.
13. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: As patients are identified for evacuation.

HELPFUL TIPS: Information on this form may be used to complete HICS 255, Master Patient Evacuation Tracking Form. This form is suitable for duplication using carbonless copy paper.

Appendix I

Regional Disaster Medical Health Coordinator (RDMHC)
Office of Emergency Services Medical Mutual Aid Region IV
Regional Polling of Hospital Inpatient Beds
RDMHC Policy No. 08-001

REGIONAL DISATSER MEDICAL HEALTH COORDINATOR
OFFICE OF EMEGRENCY SERVICES MEDICAL HEALTH MUTUAL AID REGION IV

TITLE: **REGIONAL POLLING OF HOSPITAL INPATIENT BEDS**   RDMHC Policy No. **08-001**

PURPOSE:

The purpose of this policy is to establish criteria for when and how to conduct hospital inpatient bed polling on a region wide basis.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.152 and 1797.153

DEFINITIONS:

A.   "MHOAC" means the Medical Health Operational Area Coordinator as defined in H&SC Section 1797.153.

B.   "RDMHC" means Regional Disaster Medical Health Coordinator as defined in H&SC Section 1797.152.

C.   "HAvBED" means the National Hospital Available Beds for Emergencies and Disasters System developed by the U.S. Department of Health and Human Services

D.   HAvBED standard categories:

1.   Adult Intensive Care Unit (ICU): beds that can support critically ill/injured patients, including ventilator support.

2.   Medical/Surgical: also thought of as "Ward" beds.

3.   Burn: thought of as Burn ICU beds, either approved by the American Burn Association or self-designated. (These beds are NOT to be included in other ICU bed counts.)

4.   Pediatric ICU: as for Adult ICU, but for patients 17 years and younger.

5.   Pediatrics: "Ward Medical/Surgical" beds for patients 17 and younger.

6.   Psychiatric: "ward" beds on a closed/locked psychiatric unit or ward beds where a patient will be attended by a sitter.

7.   Negative Pressure/Isolation: Beds provided with negative airflow, providing respiratory isolation. Note: This value may represent available beds included in the counts of other types.
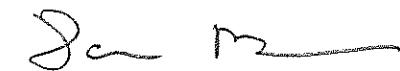
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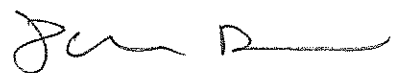
8. Operating Rooms: An operating room that is equipped and staffed and could be made available for patient care in a short period of time.

9. Emergency Department Status

    a) Open—Accepting patients by ambulance.

    b) Closed—Not accepting patients by ambulance.

    c) N/A—Not Applicable (Hospital does not have an ED)

10. Decontamination:

    a) Available — The institution has chemical/biological/radiological multiple patient decontamination capability.

    b) Not Available — The institution is unable to provide chemical/biological/radiological patient decontamination.

11. Ventilators: Available: The number of ventilators that are present in the institution but are currently not in use and could be supported by currently available staff.

12. Emergency Department: Beds available in the Emergency Department. (Note: This is not an official HAvBED category but will be included when polling hospitals in OES Region IV.)

POLICY:

I.   The Regional Disaster Medical Health Coordinator (RDMHC) or his/her designee is the only person authorized to conduct a regional hospital inpatient bed polling in OES Region IV.

II.   Regional polling is more expedient and efficient over individual Operational Area Coordinator polling and reporting results to the RDMHC. The RDMHC or designee will notify affected Medical Health Operational Area Coordinators whenever a regional inpatient bed poll is conducted.

III. Regional polling will be conducted when requested by:
      A. A MHOAC in support of operations at the operational area level;
      B. An RDMHC in support of operations in an adjacent region; and
      C. The Emergency Medical Services Authority (EMSA) Duty Officer or the California Department of Public Health (CDPH) Duty Officer in support of operations on a state or national level.

Approved:
Dan Burch
Regional Disaster Medical Health Coordinator

IV. Hospital inpatient bed polling will be conducting using the HAvBED standard categories.

V. The HAvBED polling process will follow the Standardized Emergency Management System (SEMS):

   A. The RDMHC or his/her designee will create a HAvBED bed polling event on EMResource.

   B. Each hospital ED Charge Nurse, or designee, will request the House or Nursing Supervisor to provide the availability for each of the HAvBED categories using EMResource within 30 minutes of request.

   C. The RDMHC or his/her designee will tabulate the results from each hospital and operational area.

   D. As appropriate, the RDMHC will forward the results of the inpatient bed poll to the requesting party and the Joint Emergency Operation Center (JEOC).

VI. EMResource HAvBED Polling Instructions for RDMHC or designee:

   A. Log onto the EMResource website using the RDMHC User Name and Password. https://www2.emsystem.com/login.htm.

   B. Click "EVENT" on the blue menu bar, and then click on "Event Management" to create an event.

   C. Find the "HAvBED Template" under "Event Type", and then click on the "Create" link on the left side of the page. The "Create Event" page is now open.

   D. Enter the title for this HAvBED Template including an identifier for OES Region IV: e.g. OES Region IV inpatient bed poll.

   E. Enter information for the event: e.g., HAvBED bed polling requested from OES Region IV. Your response is needed within 30 minutes. For more information contact the RDMHC at (209) 468-6818 or pager (209) 234-5030.

F. Enter the "Event Start and End" dates and times. The event should be 30 minutes in length.

G. Enter the "Event Address" as San Joaquin County MHOAC.

H. Under "Resources to participate in this event" click on the "All" buttons for each Operational Area.

I. Click on the "Save" button at the bottom of the page to start the event.

J. Monitor the event on EMResource. If a hospital hasn't responded within 30 minutes contact the non-responsive hospital's Nursing or House Supervisor to respond.

K. Tabulate the HAvBED polling data onto the HAvBED Bed Polling Report spreadsheet. Two spreadsheets are available for use:

    i. The "Email Report" which is an Excel spreadsheet and can be completed then emailed.

    ii. The "Fax Report" which is hard copy spreadsheet to be completed by hand then faxed.

L. Send the HAvBED Bed Polling Report to the requesting party.

Patient Distribution Organization

Disaster Control Facility

Hospital
Command
Center

Disaster Control
Facility Supervisor

Facility
Status Officer

Patient
Dispersal Officer

Patient
Transportation
Group Supervisor

Field Operations

Medical
Communications
Coordinator

Ground Ambulance
Coordinator

Air Ambulance
Coordinator

Ambulance
Staging Area
Manager

◄ ─ ─ ─ ─ ► = Direct Communications

7/22/09 (Updated 4/7/10)

Basic Patient Distribution Layout & Traffic Plan

Evacuating Hospital

Patient Staging Area

Patient Loading Area

Helispot

AMBULANCE

Ambulance Staging Area

Transport to
Receiving Hospital

32
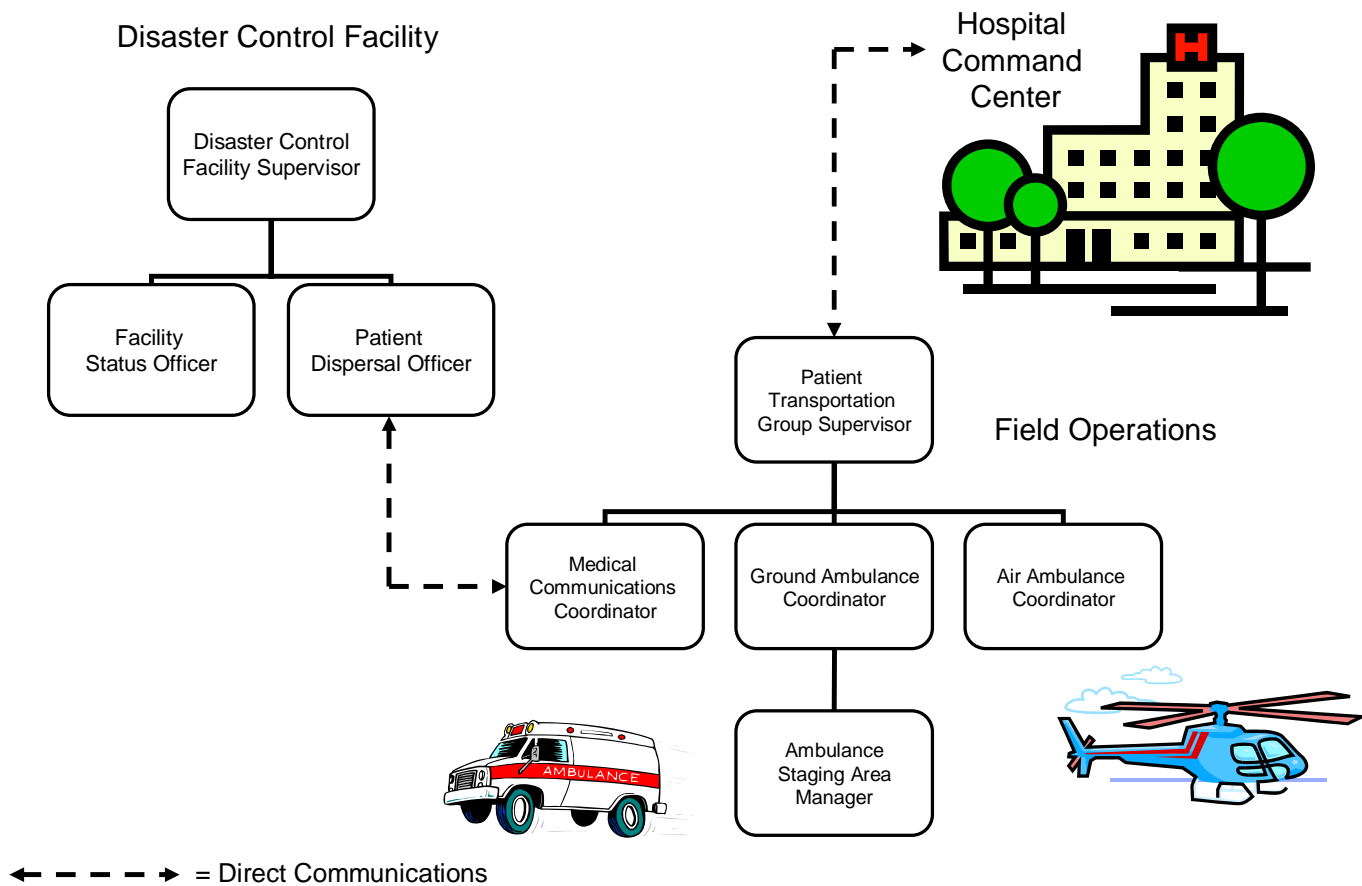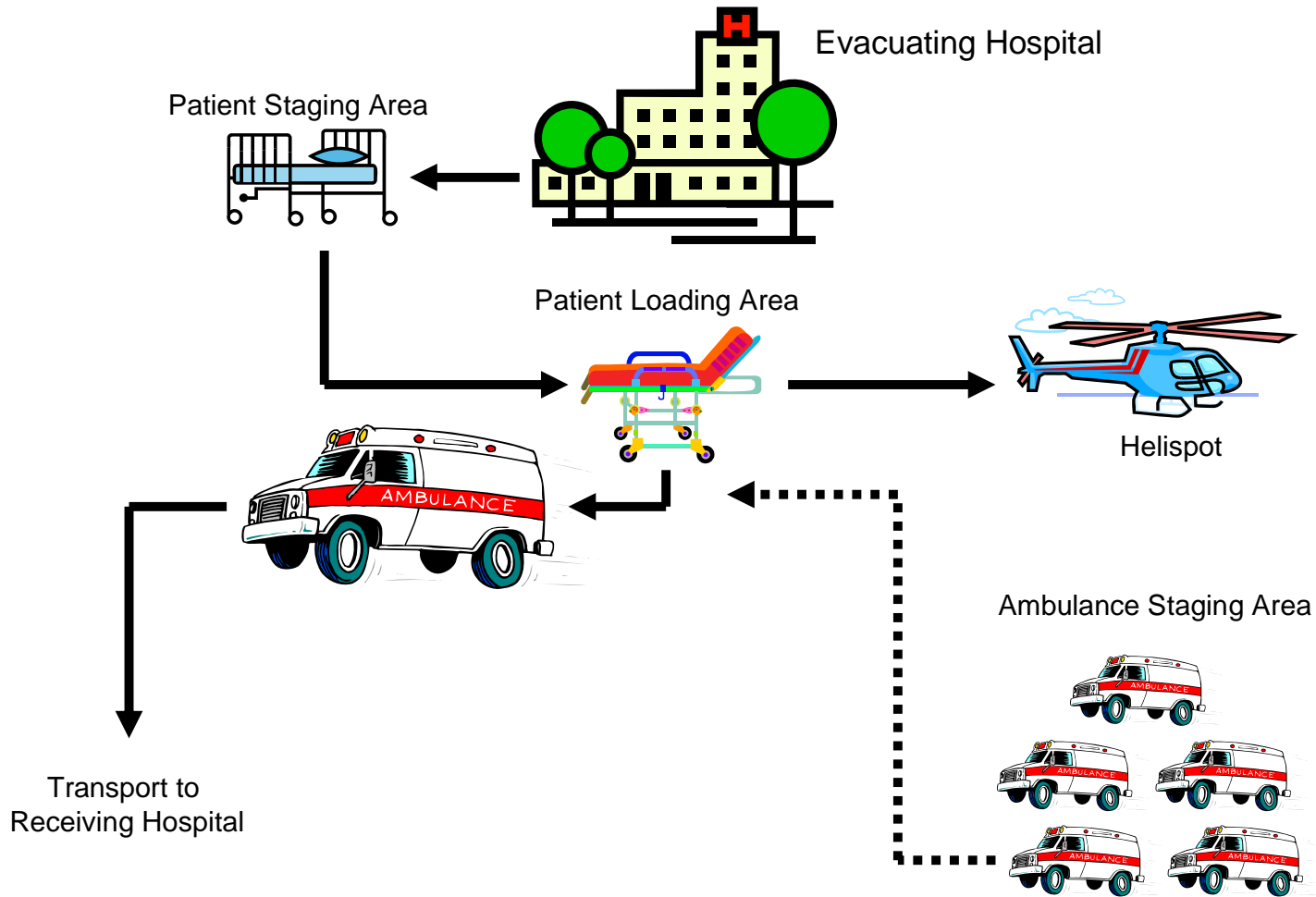
Appendix L - Ambulance Staging Area Maps

Dameron Hospital (Map 1)

525 Acacia Street, Stockton, CA 95203

7/22/09 (Updated 4/7/10)
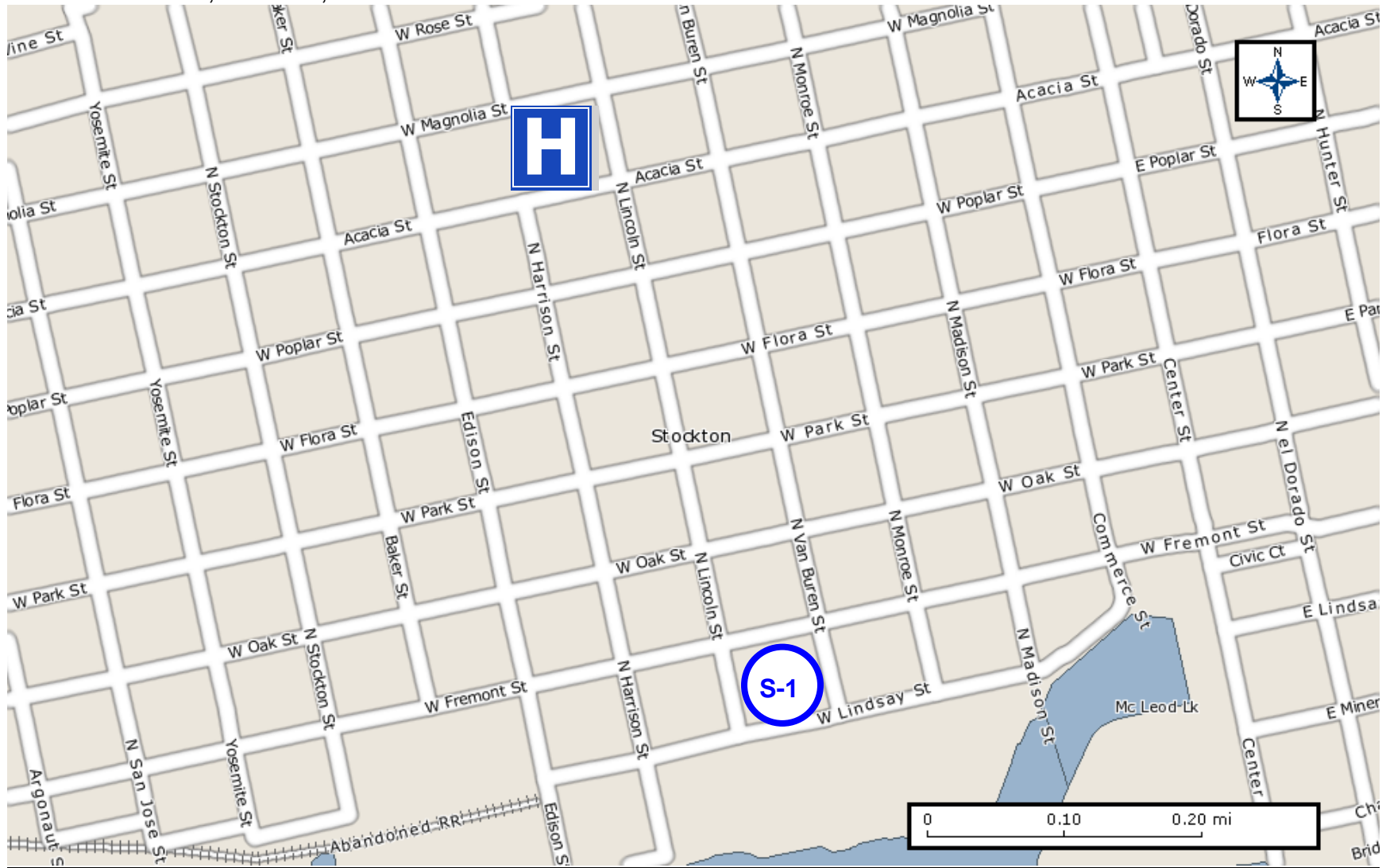
Dameron Hospital (Map 2)

525 Acacia Street, Stockton, CA 95203

7/22/09 (Updated 4/7/10)
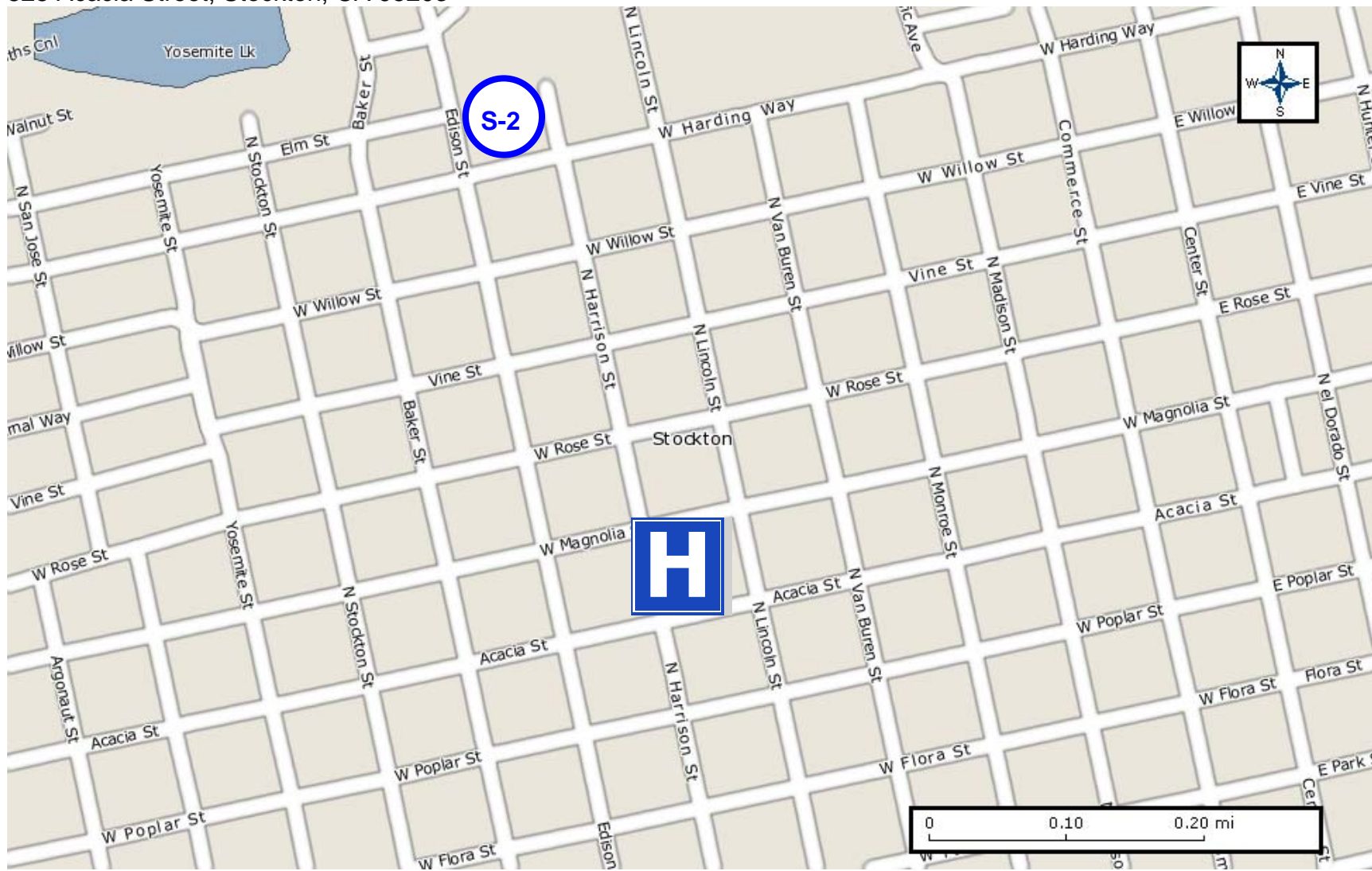
Doctor's Hospital of Manteca

1205 East North Street, Manteca, CA 95336

7/22/09 (Updated 4/7/10)
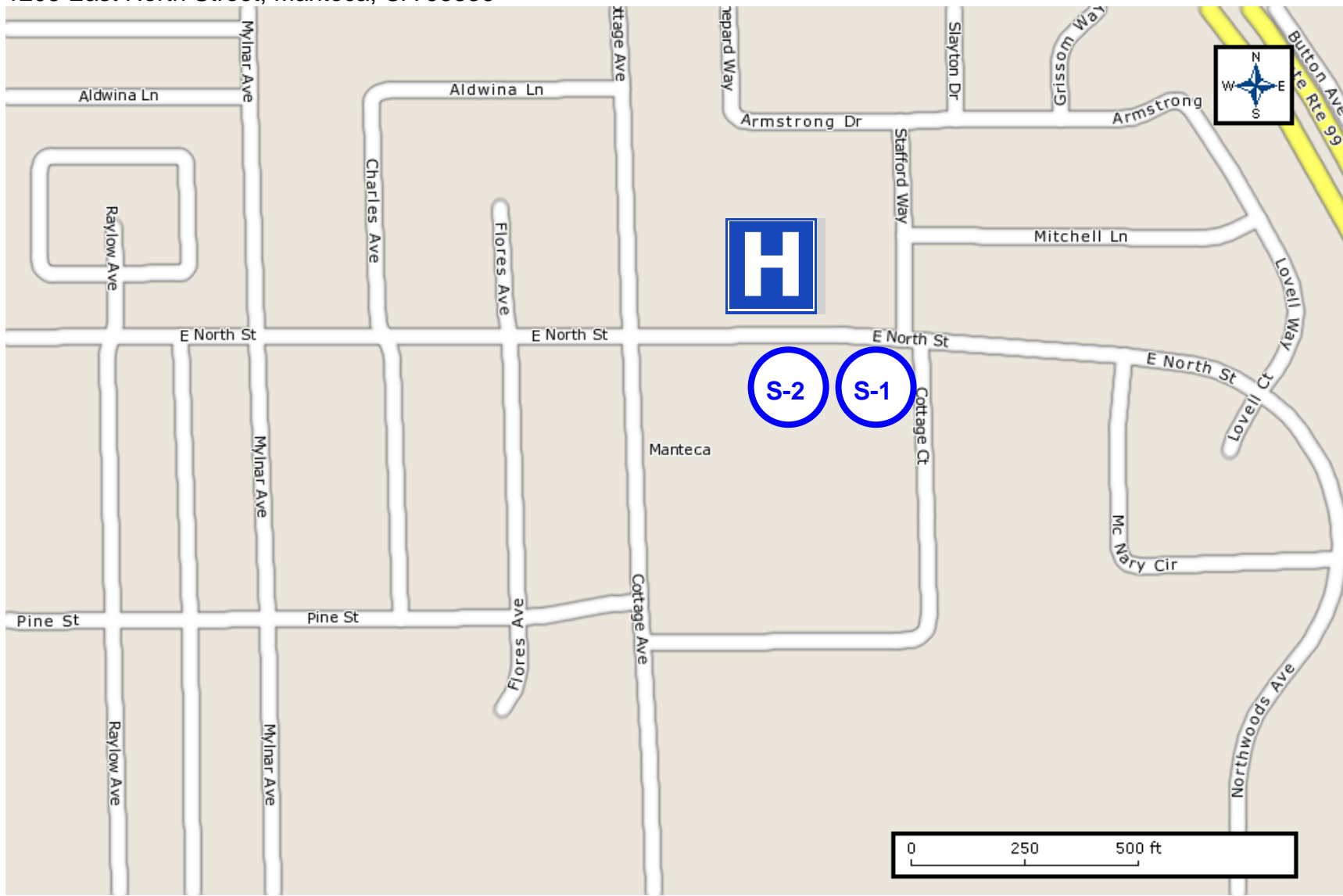
Kaiser Hospital Manteca

1777 W Yosemite Ave., Manteca, CA 95337

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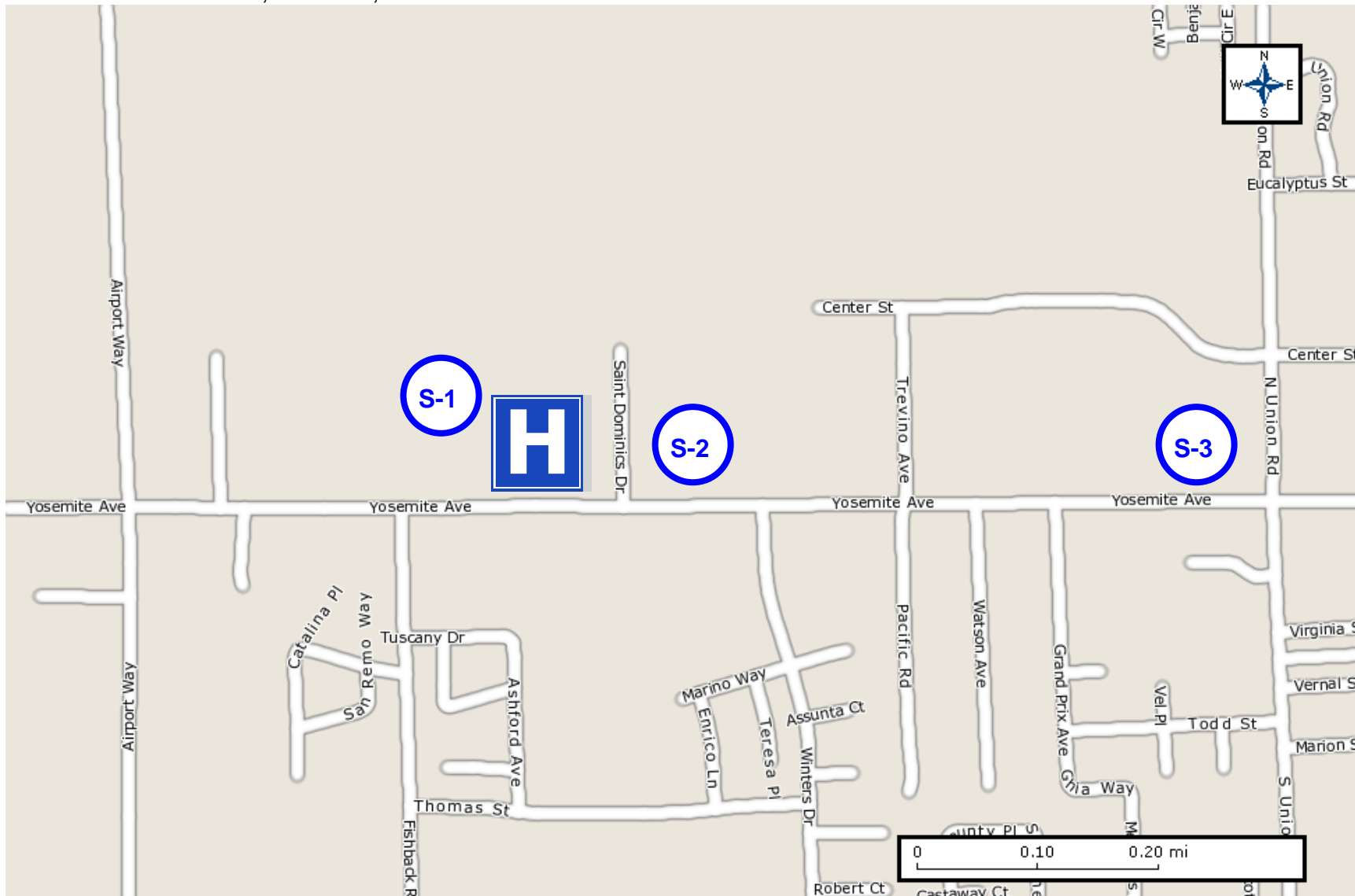
Lodi Memorial Hospital

975 South Fairmont Avenue, Lodi, CA 95240

7/22/09 (Updated 4/7/10)

St. Joseph's Medical Center (Map 1)

1800 N. California Street, Stockton, CA 95204

7/22/09 (Updated 4/7/10)
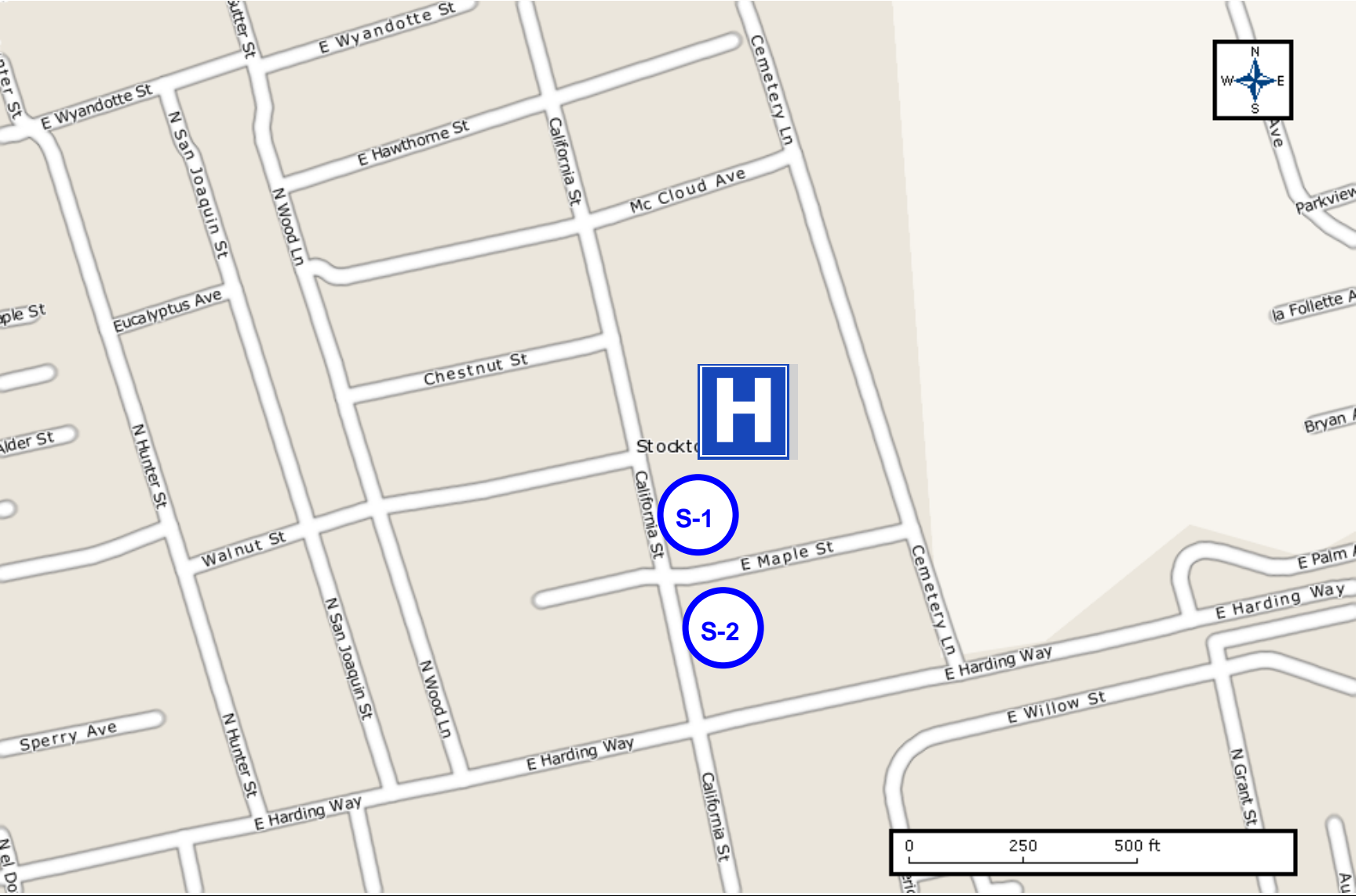
St. Joseph's Medical Center (Map 2)

1800 N. California Street, Stockton, CA 95204

7/22/09 (Updated 4/7/10)
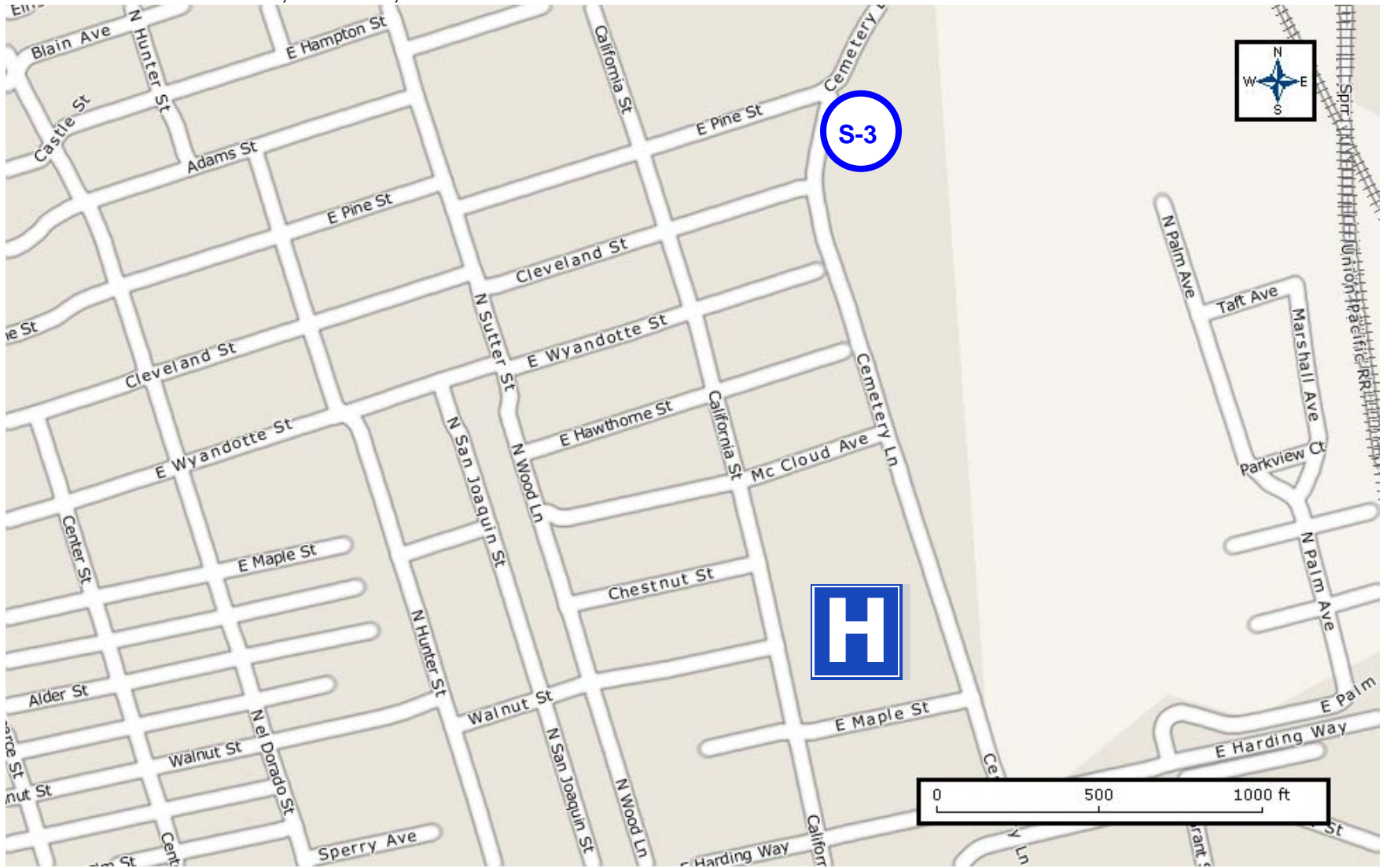
St. Joseph's Medical Center (Map 3)

1800 N. California Street, Stockton, CA 95204

7/22/09 (Updated 4/7/10)
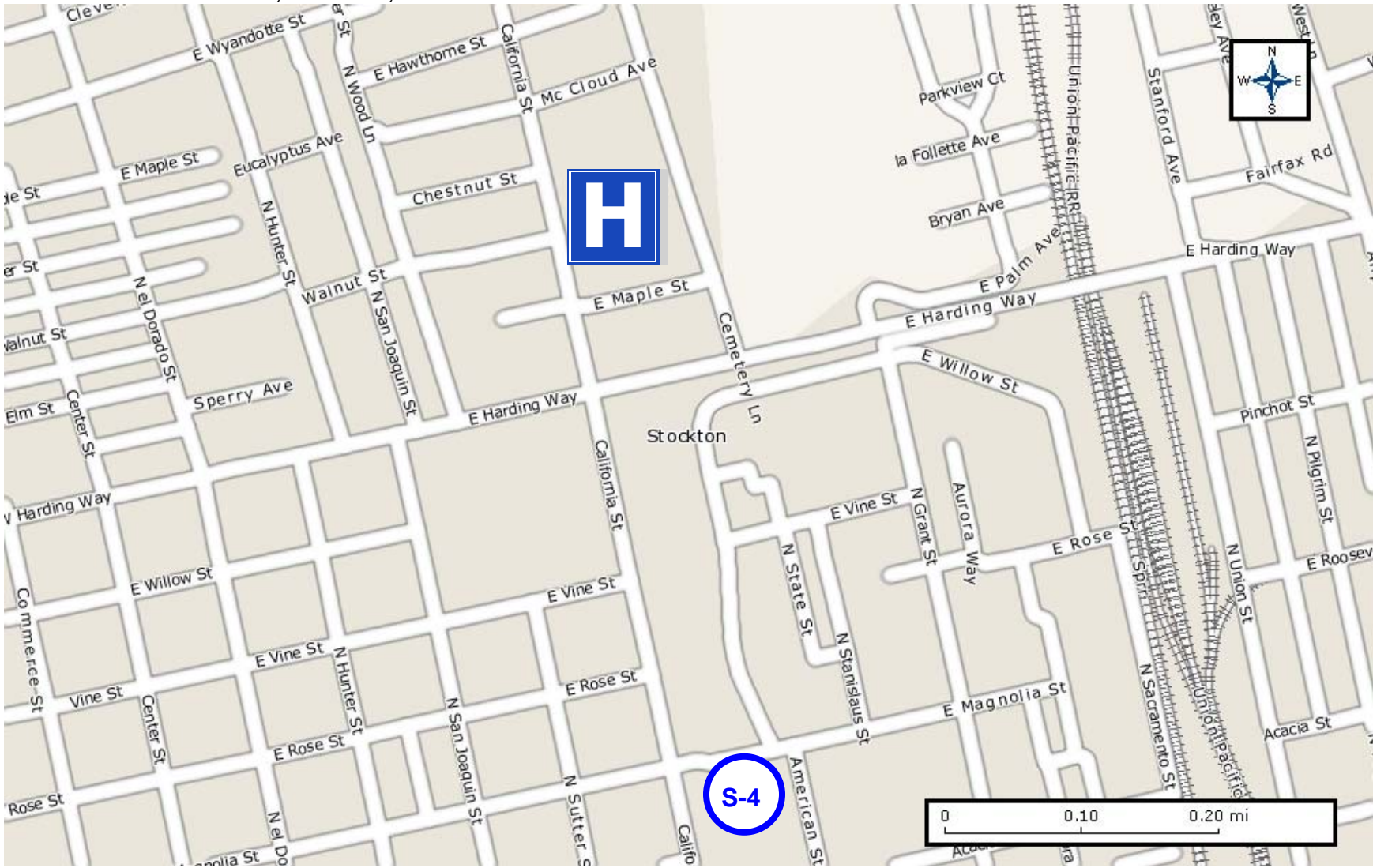
San Joaquin General Hospital (Map 1)

500 W. Hospital Road, French Camp, CA 95231

7/22/09 (Updated 4/7/10)
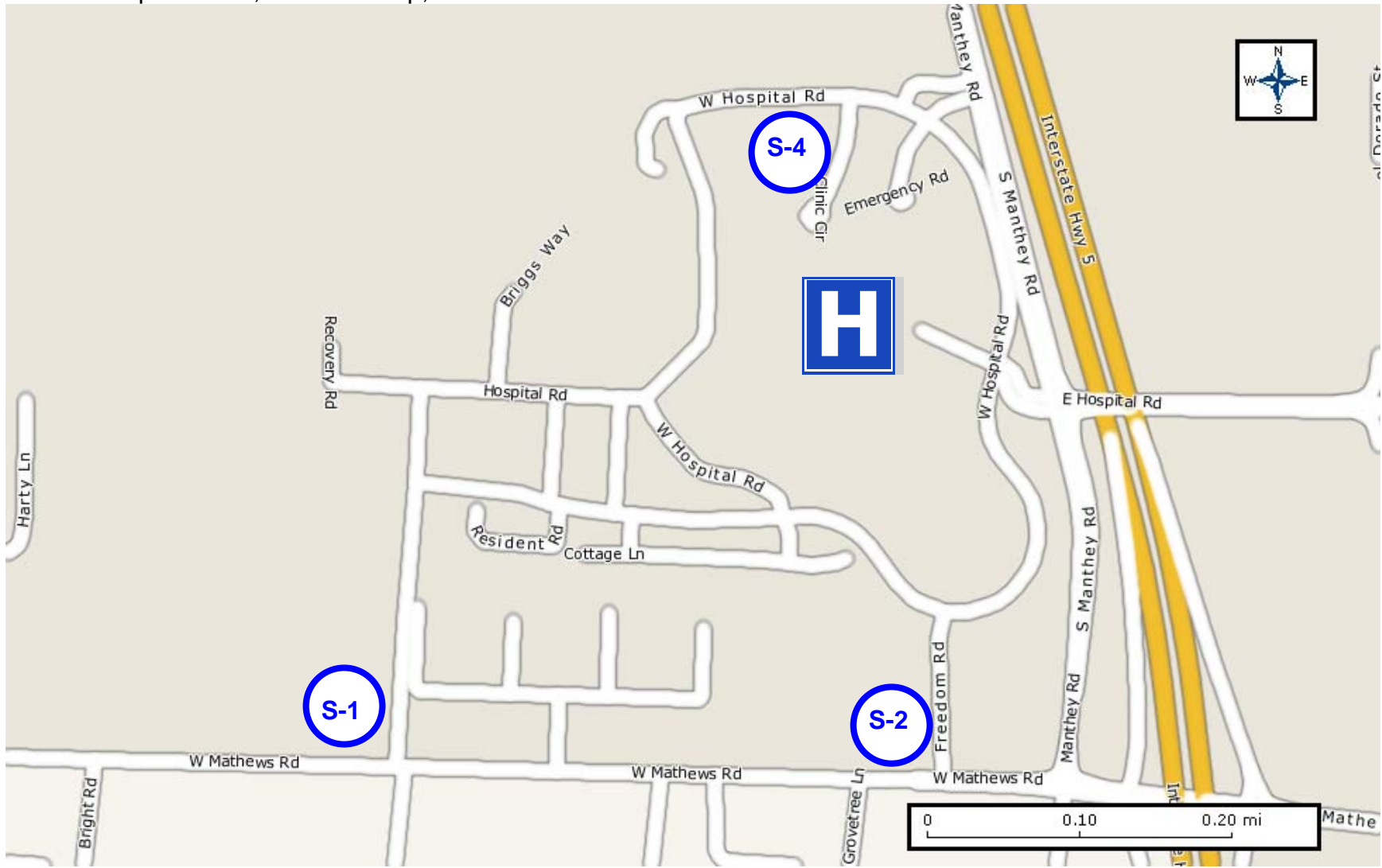
San Joaquin General Hospital (Map 2)

500 W. Hospital Road, French Camp, CA 95231

7/22/09 (Updated 4/7/10)

Sutter Tracy Community Hospital

1420 N. Tracy Blvd., Tracy, CA 95376

7/22/09 (Updated 4/7/10)
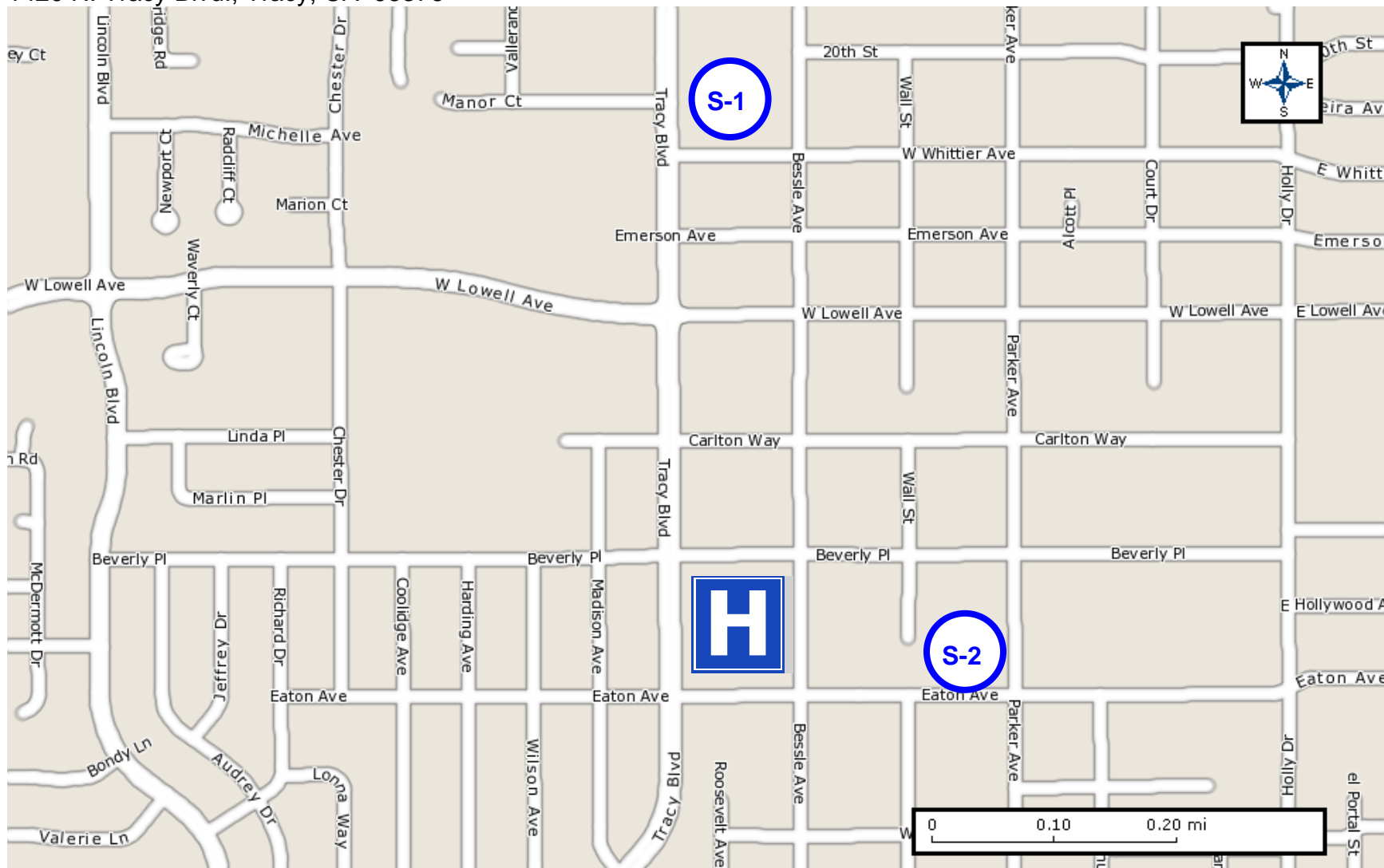
ACRONYMS

ALS	Advanced Life Support
BLS	Basic Life Support
CDPH	California Department of Public Health
CAHAN	California Health Alert Network
DCF	Disaster Control Facility
EAS	Emergency Alert System
EARS	Emergency Advisory Radio System
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EOA	Exclusive Operating Area
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FTS	Field Treatment Site
GAACS	Government Authorized Alternate Care Site
HAvBED	Hospital Available Beds for Emergencies and Disasters
HCC	Hospital Command Center
HICS	Hospital Incident Command System
IC	Incident Commander
ICS	Incident Command System
MCI	Multi-Casualty Incident
MEDNET	Medical Network Radio System
MHOAC	Medical Health Operational Area Coordinator
NIMS	National Incident Management System
OES	Office of Emergency Services
RDMHC	Regional Disaster Medical/Health Coordinator
RDMHS	Regional Disaster Medical/Health Specialist
SEMS	Standardized Emergency Management System

7/22/09 (Updated 4/7/10)