San Joaquin County
Hospital Evacuation Plan

July 22, 2009

San Joaquin County Emergency Medical Services Agency
500 West Hospital Road, Benton Hall, French Camp, California 95231
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1. PURPOSE AND AUTHORITY

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. OBJECTIVE AND RELATED POLICIES

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 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
12) **Emergency Department** - patients not admitted, by START triage categories
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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. EVACUATION PROCEDURES

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

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 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 EMSSystem 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
San Joaquin County
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- 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 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 G)

**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 EMSSystem 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.).
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 with 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.
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3) **Ground Ambulance Coordinator** - This position is responsible for coordination of incoming ground ambulances and keeps the PTSG advised on ground ambulance availability.

4) **Air Ambulance Coordinator** – 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) **Ambulance Staging Area Manager** – 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.

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**Patient Distribution Organization**

See Appendix K
4.2 **Basic Patient Distribution Layout & Traffic Plan**

**Basic Patient Distribution Layout & Traffic Plan**

- **Evacuating Hospital**
- **Patient Staging Area**
- **Patient Loading Area**
- **Ambulance Staging Area**
- **Helispot**
- **Ambulance**
- **Transport to Receiving Hospital**

See Appendix L
HOSPITAL NAME: _____________________________  DATE: __________
COMPLETED BY: ______________________________  TIME: __________

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

**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.
**PATIENT TRANSPORTATION RESOURCE NEEDS WORKSHEET**

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

**(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.
## Patient Transportation Summary Worksheet

<table>
<thead>
<tr>
<th>Patient Ready</th>
<th>Patient Status</th>
<th>Injury Type (IE: HEAD)</th>
<th>Mode of Transport</th>
<th>Facility Destination</th>
<th>Ambulance Co. and ID</th>
<th>Patient Name/Tag Number</th>
<th>Off Scene Time</th>
<th>ETA</th>
<th>Facility Advised</th>
</tr>
</thead>
<tbody>
<tr>
<td>I D M</td>
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</tbody>
</table>

4. Prepared by (Patient Transportation Group Supervisor)
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 EMSysterm status to "Internal Disaster". Notify the San Joaquin Operational Area Disaster Control Facility (DCF) if EMSysterm 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 EMSysterm 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)
San Joaquin County
Hospital Evacuation Plan
Appendix E

HOSPITAL EVACUATION FLOWCHART

Event Occurs

Must Evacuate Immediately?

PLANNED EVACUATION

Must Evacuate Immediately?

EMERGENT EVACUATION

- Change EMS System status to “Internal Disaster”
- Notify EMS Agency Duty Officer
- Establish Unified Command

- Move patients to a safe area
- Collect medical records and equipment
- Change EMS System status to “Internal Disaster”
- Notify DCF if EMS System is down

- Need Fire or Law assistance?
  - NO
  - YES
    - Dial 9-1-1

- Hospital can handle situation?
  - NO
  - YES
    - Need assistance with patient transportation and/or destinations?
      - NO
      - YES
        - Complete the Hospital Patient Evacuation Category Form (HE 401)

- Situation under control?
  - NO
  - YES
    - 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:

<table>
<thead>
<tr>
<th>1.</th>
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<tbody>
<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
</tr>
</tbody>
</table>

- 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.
MASTER PATIENT EVACUATION TRACKING FORM
Hospital Incident Command System
HICS 255
<table>
<thead>
<tr>
<th>1. INCIDENT NAME</th>
<th>2. DATE/TIME PREPARED</th>
<th>3. PATIENT TRACKING MANAGER</th>
</tr>
</thead>
<tbody>
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</table>

### Purpose
Record information concerning patient disposition during a hospital/facility evacuation

**Origination:** Patient Tracking Manager

**Copies to:** Planning Section Chief and Documentation Unit Leader

---

#### 4. PATIENT EVACUATION INFORMATION

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Medical Record#</th>
<th>Disposition</th>
<th>Evacuation Triage Category</th>
<th>Accepting Hospital</th>
<th>Time Hospital Contacted &amp; Report given</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Immed</td>
<td>Delayed</td>
<td>Minor</td>
</tr>
<tr>
<td>Transfer Initiated (Time/Transport Co.)</td>
<td>Med Record Sent</td>
<td>Yes</td>
<td>No</td>
<td>Medication Sent</td>
<td>Yes</td>
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<td>No</td>
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<td>Yes</td>
</tr>
</tbody>
</table>

### 5. SUBMITTED BY

### 6. AREA ASSIGNED TO

### 7. DATE/TIME SUBMITTED
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

**10. DEPARTING LOCATION**

**11. ARRIVING LOCATION**

<table>
<thead>
<tr>
<th>ROOM#</th>
<th>TIME</th>
<th>ROOM#</th>
<th>TIME</th>
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</thead>
<tbody>
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</tbody>
</table>

- [ ] Isolation  
- [ ] No

**12. TRANSFERRING TO ANOTHER FACILITY**

- [ ] Yes  
- [ ] No  

<table>
<thead>
<tr>
<th>TIME TO STAGING AREA</th>
<th>TIME DEPARTING TO RECEIVING FACILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**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
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
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.
   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.
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.

Effective: 10-1-08
Revised: 
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

Patient Dispersal Officer

Facility Status Officer

Patient Transportation Group Supervisor

Medical Communications Coordinator

Ground Ambulance Coordinator

Air Ambulance Coordinator

Ambulance Staging Area Manager

Hospital Command Center

Field Operations

= Direct Communications
Basic Patient Distribution Layout & Traffic Plan

Evacuating Hospital

Patient Staging Area

Patient Loading Area

Helispot

Ambulance Staging Area

Transport to Receiving Hospital
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALS</td>
<td>Advanced Life Support</td>
</tr>
<tr>
<td>BLS</td>
<td>Basic Life Support</td>
</tr>
<tr>
<td>CDPH</td>
<td>California Department of Public Health</td>
</tr>
<tr>
<td>CAHAN</td>
<td>California Health Alert Network</td>
</tr>
<tr>
<td>DCF</td>
<td>Disaster Control Facility</td>
</tr>
<tr>
<td>EAS</td>
<td>Emergency Alert System</td>
</tr>
<tr>
<td>EARS</td>
<td>Emergency Advisory Radio System</td>
</tr>
<tr>
<td>EMS</td>
<td>Emergency Medical Services</td>
</tr>
<tr>
<td>EMSA</td>
<td>Emergency Medical Services Authority</td>
</tr>
<tr>
<td>EOA</td>
<td>Exclusive Operating Area</td>
</tr>
<tr>
<td>EOC</td>
<td>Emergency Operations Center</td>
</tr>
<tr>
<td>EOP</td>
<td>Emergency Operations Plan</td>
</tr>
<tr>
<td>FTS</td>
<td>Field Treatment Site</td>
</tr>
<tr>
<td>GAACS</td>
<td>Government Authorized Alternate Care Site</td>
</tr>
<tr>
<td>HAvBED</td>
<td>Hospital Available Beds for Emergencies and Disasters</td>
</tr>
<tr>
<td>HCC</td>
<td>Hospital Command Center</td>
</tr>
<tr>
<td>HICS</td>
<td>Hospital Incident Command System</td>
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<td>Incident Commander</td>
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<td>Incident Command System</td>
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<td>Medical Health Operational Area Coordinator</td>
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<td>NIMS</td>
<td>National Incident Management System</td>
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<td>OES</td>
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<td>RDMHC</td>
<td>Regional Disaster Medical/Health Coordinator</td>
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<td>RDMHS</td>
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