

# MULTI-CASUALTY INCIDENT PLAN MUTUAL AID EVACUATION ANNEX




Approved District Board of Health (DBOH) 6/28/2000  
Revisions Approved by DBOH 7/26/07 effective 12/1/07


## Health Care Mutual Aid Evacuation Annex of the Washoe County District Board of Health's Multi-Casualty Incident Plan July 2007

This plan has been designed to promote integrated and coordinated community response for a hospital in the event of a qualified disaster. The evacuation of patients from inside the member's facility will be the responsibility of each facility as indicated in their internal emergency preparedness plan.

Each member facility below has reviewed and approved this plan.

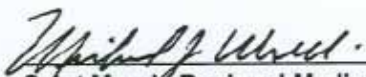
MEMBER HOSPITALS:


  
Renown Regional Medical Center  
Date: 8/27/07

  
Tahoe Pacific Hospital  
Date: 9-7-07


  
Tahoe Forest Hospital for  
Incline Village Community Hospital  
Date: 8/29/07

\_\_\_\_\_  
Sierra Nevada Health Care System, VA Medical  
Center  
Date: \_\_\_\_\_

  
Saint Mary's Regional Medical Center  
Date: 8/27/07

  
Northern Nevada Medical Center  
Date: 9-1-07

  
Renown South Meadows Medical Center  
Date: 9/20/07

  
Renown Rehabilitation Hospital  
Date: 10-10-07

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## 1. INTRODUCTION

Our region is at risk for many natural and technological disasters, and it is not unthinkable that at least one hospital might have to be evacuated in a disaster.

This Annex, initially developed by a FEMA grant from the State of Nevada Division of Emergency Management, aims to optimize the medical care and safety of patients who have been evacuated from a hospital with minimal disruption to the community's acute care system. The goal is to integrate this Annex into the current medical disaster planning efforts and the Washoe County District Board of Health Multi-Casualty Incident (MCI) Plan.

Like any plan, this document is based on a series of assumptions. However, when faced with a true disaster, it is intended to act only as a guide because the facts of each disaster may require a different response than the "planned" one.

## 2. ANNEX OVERVIEW

### 2.1 Annex Objective:

**To coordinate transportation and care of patients who have been evacuated from a member hospital in a qualified disaster, with minimal disruption to the provision of acute emergency care to the community.**

This annex is designed for natural and technological types of disasters. It is not designed as part of a contingency plan for patient evacuation due to employee work stoppage or financial closure of a hospital (unless agreed upon by individual members at the time of the occurrence). Examples of natural and technological disasters are: earthquake, fire/explosion, hazardous material incidents, extended utility outage, structural failure, or weapons of mass destruction.

### 2.2 Summary of Modifications to MCIP:

**2.2.1** The patients in the evacuating hospital are triaged by hospital staff during the admission process and are under treatment by trained personnel. The evacuating\_hospital will work to ensure these patients are prepared for evacuation to a hospital that will provide the same or higher level of care, depending on the state of community resources. The hospital staff most familiar with the medical needs of the patients must work with the Field Incident Command System (ICS) Medical Branch to determine the most appropriate destination, staff, equipment, and method of transport. Thus, the Field Medical Branch personnel must rely upon the medical triage completed by the hospital and utilize hospital personnel to coordinate appropriate treatment personnel, equipment and methods of transport.

- 2.2.1** The evacuating hospital will assign two personnel to participate in the field ICS) to aid in these activities: a Hospital Agency Representative and a Hospital Planning Technical Specialist. This annex includes specific checklists for these two ICS positions in Appendix F.
- 2.2.2** In a multi-casualty incident, REMSA Medical Dispatch determines the destination of patients based on information obtained from area hospitals. In this annex, the plan members have agreed upon a pre-planned patient distribution scheme. In an immediate and urgent evacuation, REMSA Medical Dispatch will assist the hospitals in notifying the plan members that an evacuation is imminent or may be occurring. REMSA Medical Dispatch will contact the receiving hospitals as patients are transported from the evacuating hospital. By landline, REMSA Medical Dispatch will notify the receiving hospitals of patient names, types, method of transport and estimated time of arrival (ETA).
- 2.2.3** Because of the extensive public health liaison required with government and private agencies in such a qualified disaster, the District Health Officer or designee takes a more active role in the ICS Unified Command structure either on scene or in a jurisdictional Emergency Operations Center to coordinate public health issues. The District Health Officer will assign a designee to respond to the field Incident Command Post.
- 2.2.4** The MCIP requires that District Health Department staff arrange a debriefing for Multi-Casualty Incidents that exceed 10 patients, and this also applies to the Mutual Aid Evacuation Annex. The Field Incident Commander and Hospital Agency Representative participating in unified command will assist the District Health Department in gathering documentation regarding the evacuation process, and participate in debriefings as requested.

### **2.3 Assumptions**

In order to develop this annex, certain assumptions had to be made:

- When the scope of a disaster exceeds the hospital's ability to maintain an environment of care for its patients, and requires a partial or full evacuation to hospitals outside the evacuating hospital, this annex shall be activated.
- A hospital's administration or other Authority Having Jurisdiction (AHJ) has declared the hospital unsafe or unusable; requiring a partial or full evacuation.
- Only one hospital requires evacuation.
- There is no other emergency in the community; and the community is functioning normally.
- Emergency Departments at receiving hospitals will NOT to be used as receiving sites for these patient transfers. They will continue to focus on the emergency health care needs of the community.
- The evacuating (sending) hospital is assumed to be at 100% of care capacity (based on high average census) at the time an evacuation decision is made, and controlled discharge procedures will reduce the census by approximately 10%.

- The receiving hospitals are assumed to be at 100% of care capacity at the time an evacuation decision is made and controlled discharge procedures will reduce this census by approximately 10%.
- Hospitals and skilled nursing facilities have identified designated "Patient Overflow Areas" where basic patient care can take place, should they have to exceed licensed bed capacities to receive evacuated patients.
- Patients from evacuated hospitals will be placed in designated "Patient Overflow Areas" initially. Placement in receiving hospital beds will come as time and census permit.
- Whenever possible, patients will be transferred to a hospital that provides similar services at the same or increased level of care.
- Whenever possible, patients will be kept in the community, close to friends and family.
- As time allows evacuating and receiving hospitals will notify the State Health Division Bureau of Licensure and Certification about their change in status or if they have exceeded licensed bed capacities.
- The District Health Officer shall be contacted by REMSA Medical Dispatch and will assist in the assessment of public health impacts.
- Public safety agencies responding to the disaster will begin to immediately coordinate with their jurisdiction's Emergency Manager to seek a Disaster Declaration from the appropriate political jurisdiction(s).
- Non-ambulance transport methods for non-critical patients may be used when feasible.
- At the onset of the evacuation, the evacuating hospital may be sending minimal staff with patients. As soon as possible the evacuating hospital will allocate its remaining staff and specialized equipment to the receiving hospitals. Staff from the evacuating hospital will then function under the direction of the receiving hospital's management.
- Staff members from the evacuating hospital will remain on their original payroll and benefits programs. Other financial arrangements between the evacuating hospital and the receiving hospitals will be assessed at the time of the qualified disaster.
- Receiving hospitals will make further patient dispositions based on the best interests of the patient. Research shows that moving patients more than once may lead to increased mortality and morbidity.
- Once the evacuating hospital has resumed normal operations, the receiving hospitals agree to return any patients and equipment from the evacuating hospital as soon as feasible.
- In an immediate evacuation all special care patients will be sent directly to receiving hospitals rather than external holding areas. Because of the extensive support services required, special care patients may be the last patients to be evacuated.
- This plan recognizes that Incline Village Community Hospital is in closer proximity to Tahoe Forest Hospital in Truckee, and has business ties to that hospital. While Incline Village Community Hospital may wish to transfer evacuated patients to Tahoe Forest Hospital in Truckee, alternate receiving hospitals in Washoe County may be used should the need arise.

## **2.4 Responsibilities**

### **2.4.1 All Annex Members:**

- It is the responsibility of each member hospital to maintain an internal plan to protect life and property during a disaster. Maintenance of such plans is the responsibility of each institution.
- Past exercises have shown that planning for the evacuation of out patient clinic and professional services patients also needs to be considered in hospital internal plans. Each hospital is responsible for making its own plans for these types of patients.
- Members agree to make their “best effort” to accommodate the minimum number of patients agreed upon in this document. The number and type of patients are shown in the Patient Evacuation and Patient Acceptances overviews.
- Hospitals agree to use the Hospital Incident Command System (HICS), which has been agreed upon by all-members.
- Members agree to attend at least one annual meeting and participate in training and drills.
- If a member hospital has changes in its ability to receive the agreed upon number of patients, identification of contact personnel, or external holding areas, it must notify all other members and the District Health Officer of any changes.
- Members will use the annex’s patient evacuation tracking sheet.
- Members should identify external holding areas close to their location to provide temporary shelter if an immediate evacuation is required, and internal staging areas for patients for an urgent evacuation.
- Members will maintain internal plans for receiving the influx of patients dispersed under this plan.
- All members will maintain adequate business interruption insurance.
- Public information and community confidence are important considerations during an evacuation. The hospitals agree to participate in a joint information center to include the Field ICS Public Information Officer to provide information to the public and the media.
- The transfer of controlled substances from the evacuating hospital for distribution to receiving hospitals may become a key issue, due to limited stores of such injectable medications within the community. District Health Department staff has initiated conversations with the area hospital pharmacists so that procedures in keeping with State Board of Pharmacy regulations can be developed in the future.

### **2.4.2 Evacuating Hospital**

- Carries out measures to decrease patient census including: Review all elective surgical procedures, discharge of appropriate patients to home, or transfer to a Skilled Nursing Facility (SNF).
- Documents patient tracking (patient evacuation tracking sheet) and during an urgent evacuation is responsible for notification of each

patient's physician and family of pending relocation, if time allows. (See Appendix D, Patient Evacuation Tracking Sheet.

- Assists REMSA Medical Dispatch in notifying the receiving hospitals as soon as possible of the number and type of patients to be transferred. (Ideally, patients are to be transferred to other similar care hospitals or up one level of care).
- Sends current medical records with patients whenever possible.
- Whenever possible sends medications and necessary medical support equipment (monitors, etc.) with patients. For additional resources for transporting staff and equipment, see Appendix E.
- Whenever possible sends appropriate nursing or physician personnel to accompany patients to the receiving hospital. The medical staff/patient ratio during transport will be that recommended as reasonably safe for care by the Hospital Medical Officer.
- Maintains responsibility for patients until accepted by a receiving hospital.
- Evacuating hospitals may wish to utilize two separate stairwells and/or elevators that are dedicated for ingress and egress of first responders and patient evacuation efforts.

### **2.4.3 Receiving Hospitals**

- Carries out measures to decrease patient census including: review all elective surgical procedures, discharge of appropriate patients to home, or transfer to a Skilled Nursing Facility (SNF).
- Makes preparations for receiving patients.
- Obtains additional equipment and staff needed to provide care. See Appendix E for Support Group Suppliers.
- Maintains communications with the evacuating hospital if feasible. See Communications - Appendix C.
- Continues patient tracking within its hospital when patients are received.
- Upon receipt of patients from the evacuating hospital, notifies:
  - Families/responsible party
  - Attending physician
- Is administratively responsible for staff from the evacuating hospital working within it's building, and for the safekeeping and continuing operability of medical equipment that is sent from the evacuating hospital.
- Assumes responsibility of evacuated patients when received.
- Upon notification that the evacuating hospital is able to be reoccupied, returns all patients and equipment to the hospital of origin unless other arrangements have been made.

## **2.5 Annex Development and Maintenance**

Each hospital is responsible for maintaining accuracy of the information regarding its medical facility. Since this is an annex to the Washoe County District Board of Health Multi-Casualty Incident Plan, the District Health

Department will coordinate a periodic meeting for updates.

## **2.6 Concepts of *Immediate* vs. *Urgent* Evacuation Situation**

*Immediate* evacuation requires the immediate, prompt departure of patients from a hospital due to life-threatening conditions. Such an evacuation may require the evacuating hospital to move patients to an external holding area in the parking lot or other outside sheltered location(s) before being moved to a receiving hospital. Critical Care patients should be evacuated directly to a receiving hospital without going to an external holding area.

An *Urgent* evacuation allows for a quick, but orderly hospital departure. Such an evacuation allows time for patient dispersion from the evacuating hospital directly to the receiving hospitals. It may result from non-life threatening environmental conditions, which along with internal horizontal evacuation strategies, allows for orderly gathering of transportation and staffing resources before patients are moved out of the evacuating hospital. Patients will be moved to pre-designated internal staging areas before departing the facility. The hospital, depending on the number of patients and its resources, may wish to designate more than one internal staging area for patients (ambulatory versus wheelchair versus gurney patients). This allows appropriate transport resources to externally stage at different locations to expedite patient movement and egress.

### **2.6.1 Annex Activation for IMMEDIATE Partial or Full Evacuation**

The evacuating Hospital notifies 911 to report an immediate hospital evacuation. The 911 Center will notify REMSA Medical Dispatch, who will contact other agencies using the usual MCI plan procedure, which includes the District Health Officer's designee and the Washoe County Emergency Manager. The hospital may already be in the process of moving patients to a designated external holding area during an immediate evacuation.

Upon arrival, outside agencies will set up a field Incident Command Post appropriately linked to the internal Hospital ICS structure. Certain Hospital ICS and field ICS positions must interface in order to share information. The hospital will send an agency representative to the field command post to participate in unified command and a hospital planning technical specialist to work with the Patient Transportation Group Supervisor.

Once on scene, the District Health Officer's designee will assist in the evaluation of the evacuation situation and assess the public health impacts of an evacuation. The District Health Officer, or designee, depending on the size of the hospital and the circumstances involved, may recommend that the Regional Emergency Operations Center (EOC) be opened to provide support to field operations and the receiving hospitals.

The Washoe County Emergency Manager is responsible for contacting the City's Emergency Manager. It is the responsibility of the field Incident Commander from the authority having jurisdiction to request a Disaster Declaration from the

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appropriate political subdivision in association with the jurisdiction's Emergency Manager.

REMSA Medical Dispatch is responsible for notification of all receiving hospitals that an evacuation is underway. Upon this notification, receiving hospitals will implement their internal plans to receive patients. Initial field transportation of patients will follow the baseline acceptance numbers in the plan for the receiving hospitals. Receiving hospitals may be contacted later by REMSA Medical Dispatch for additional capacities.

If time allows, the evacuating hospital will reduce its census by a review of possible discharges to home, cancellation of elective procedures, etc.

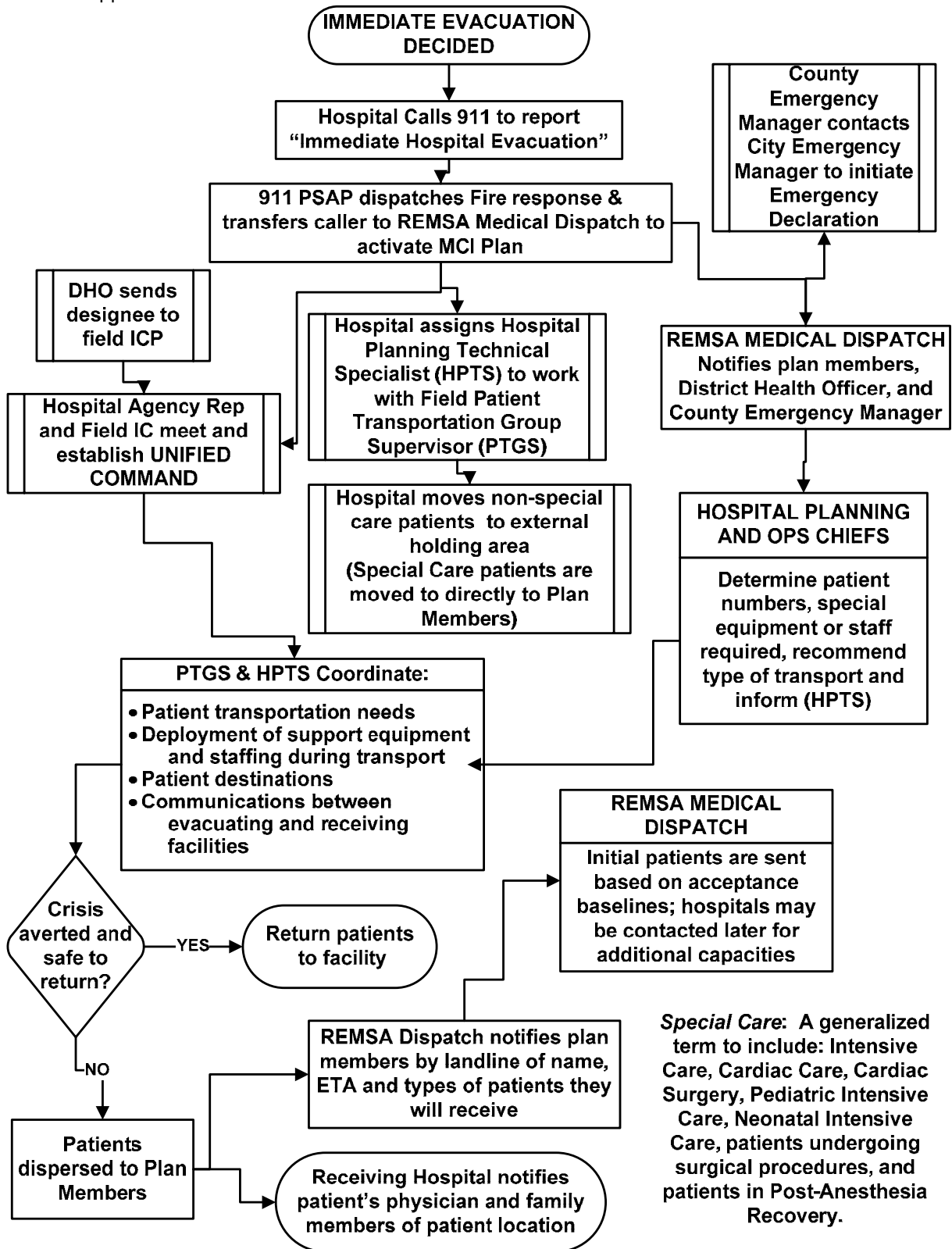
The Medical Branch Patient Transportation Group Supervisor, in coordination with the Hospital Planning Technical Specialist sent to the field by the evacuating facility, will coordinate communications and movement of Special Care Unit and Non-Special Care Unit patients to appropriate destinations along with appropriate staff and equipment (if available).

**NOTE:** Special Care Unit patients will be moved DIRECTLY to receiving hospitals.

REMSA Medical Dispatch will contact the receiving hospitals as patients are transported via landline (due to HIPAA issues), and provide the name, ETA, and type of patient that will be arriving.

It is the responsibility of each receiving hospital, once the patient has arrived, to contact the physician and family members to notify them of the location of the patient.

Should the hospital be able to be re-occupied, patients will be returned to the host hospital as appropriate resources are available and patient condition allows.



## **2.6.2 Annex Activation for Urgent Partial or Full Evacuation**

If a disaster situation requires a hospital to partially or fully evacuate, but there is no immediate life threat to the building occupants, the evacuating Hospital IC notifies 911 and reports an urgent hospital evacuation may be necessary. The 911 Center will notify REMSA Medical Dispatch, who will contact other agencies using the usual MCI plan procedure, to include the District Health Officer's designee and the Washoe County Emergency Manager.

Once on scene, the District Health Officer's designee will assist in the evaluation of the evacuation situation and assess the public health impacts of an evacuation. The District Health Officer, or designee, depending on the size of the hospital and the circumstances involved, may recommend that the Regional EOC be opened to provide support to field operations and the receiving hospitals.

The Washoe County Emergency Manager is responsible for contacting the City's Emergency Manager. It is the responsibility of the field Incident Commander from the authority having jurisdiction to request a Disaster Declaration in association with the jurisdiction's Emergency Manager if an urgent evacuation is determined to be necessary.

REMSA Medical Dispatch is responsible for notifications to all receiving hospitals that an evacuation may become necessary, and when the evacuation is initiated. Upon this notification, receiving hospitals will implement their internal plans to receive patients. Initial field transportation of patients will follow the baseline acceptance numbers in the plan for the receiving hospitals. Receiving hospitals may be contacted later by REMSA Medical Dispatch for additional capacities.

Because time limitations may not be as critical as with an immediate evacuation, in an urgent evacuation the evacuating hospital may be able to initiate notification of physicians and patient family members that an evacuation will be taking place.

Upon arrival outside agencies will set up a field Incident Command Post, within the evacuating hospital. Certain Hospital ICS and field ICS positions must interface to share information. An agency representative from the hospital will go to the field command post to participate in "Unified Command" (See Linkage of Hospital ICS Positions in Section 3), and the hospital will send a Hospital Planning Technical Specialist to coordinate with the Field Patient Transportation Group Supervisor.

The Hospital Operations Chief will direct the packaging of all patients so that appropriate medical records, medications, and vital support equipment can be moved at the same time. Currently only the VA Hospital utilizes electronic medical records. The patients may be moved to an internal hospital staging area(s). Location(s) should be convenient for pickup by ambulances or other transportation resources.

The Hospital ICS Planning and Hospital ICS Operations Chiefs will reduce the hospital census by a review of possible discharges to home, cancellation of

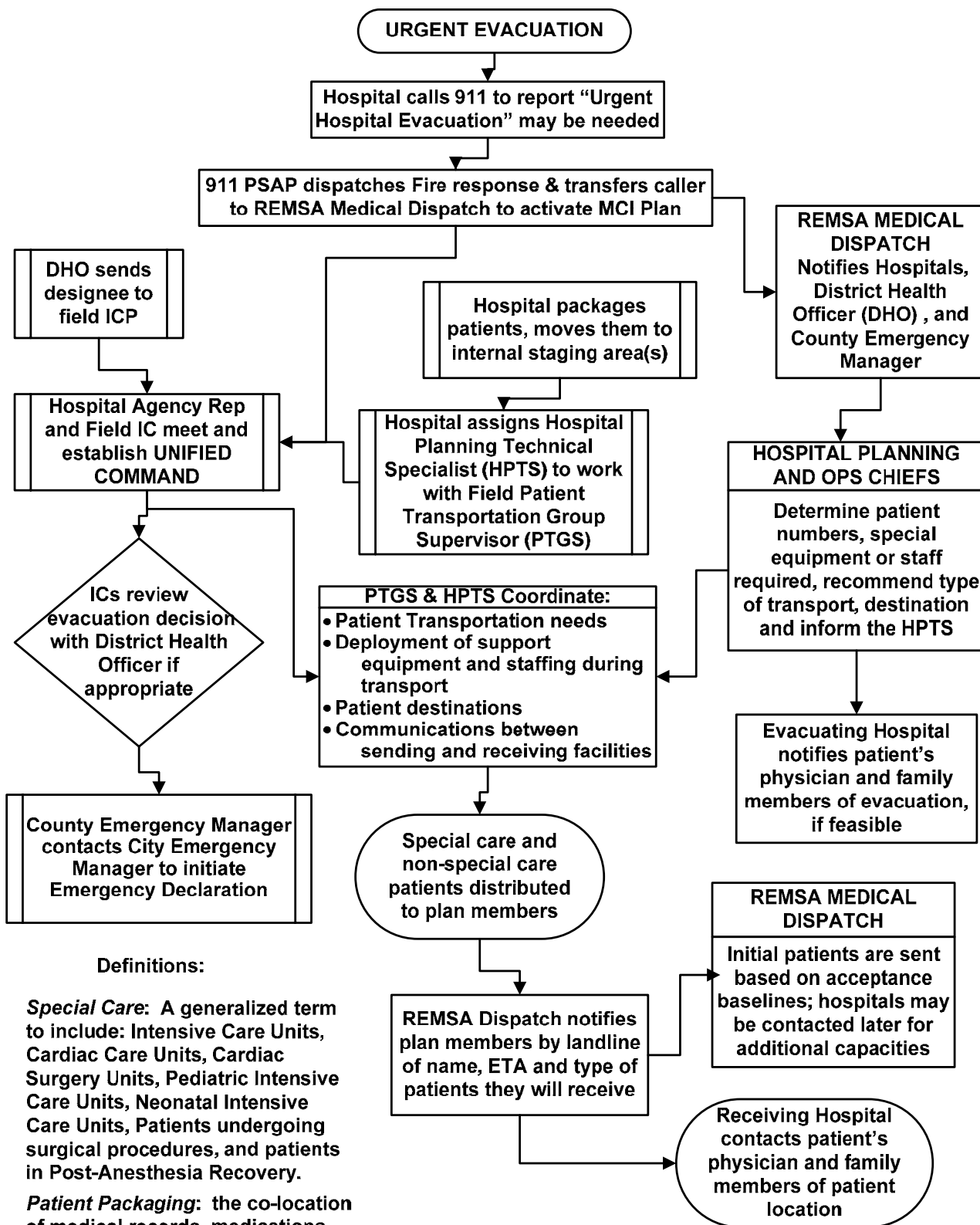
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elective procedures, etc. and recommend the appropriate patient care destinations for each type of patient to be moved. This information will be communicated to the Field Hospital Planning Technical Specialist and Field ICS Patient Transportation Group Supervisor who will direct the patient distribution process.

The field ICS Patient Transportation Group Supervisor and Hospital ICS Planning Technical Specialist will coordinate communications and movement of Special Care Unit and Non-Special Care Unit patients to appropriate destinations along with appropriate staff and equipment (if available).

REMSA Medical Dispatch will contact the receiving hospitals as patients are transported via landline (due to HIPAA concerns), and provide the name, ETA, and type of patient that will be arriving.

It is the responsibility of each receiving hospital, once the patient has arrived, to contact the physician and family members to verify the location of the patient.



**Definitions:**

**Special Care:** A generalized term to include: Intensive Care Units, Cardiac Care Units, Cardiac Surgery Units, Pediatric Intensive Care Units, Neonatal Intensive Care Units, Patients undergoing surgical procedures, and patients in Post-Anesthesia Recovery.

**Patient Packaging:** the co-location of medical records, medications, and appropriate personnel and medical support equipment for movement with the patient.

## **2.7 Patient Evacuation and Distribution Overview**

The following tables are based on data assembled by the Evacuation Planning Core Committee. The figures used in this document are known to be highly variable. In some cases, they may not be accurate to describe a hospital's patient population at a particular time. In view of the inherent nature of disasters, flexibility of design and flow are necessary for a successful evacuation. For this reason, these numbers are to be used as a starting point for patient evacuation and disposition. Each hospital is responsible for providing updated capacity information during the community evacuation process to REMSA Medical Dispatch.

These tables show that it is possible to evacuate all but the largest hospital in the community, even though some hospitals will be severely taxed. Should both of the patient towers at Renown Regional Medical Center have to be fully evacuated a Reno, Sparks, Washoe County Regional Emergency Operations Center (EOC) will have to be opened, and patient dispersal will have to be coordinated with other hospitals outside the region. This may be done through existing mutual aid agreements or in coordination with the State EOC Emergency Support Function #8 (Health and Medical).

The Interhospital Coordinating Council, in association with the Washoe County District Health Department, is intensifying its disaster planning efforts to recruit other regional hospitals in California and Nevada to become voluntary members of this annex. This will benefit both the Washoe County hospitals and hospitals in other regions outside Washoe County, should an evacuation become necessary for their hospitals.

The internal logistics of evacuating patients from operating rooms to internal staging areas is the responsibility of each participating hospital.

Although the emergency departments of receiving hospitals will remain available for community emergency care and the patients being evacuated will not be routed through the Emergency Departments of receiving hospitals, receiving hospital in-house capacity problems are expected as acute care beds at receiving hospitals may quickly be filled.

A mileage chart depicting the distance between each hospital is located in Appendix A.

### Initial Patient Evacuation Overview (After patient census reduction measures)

| Type of patient that can be accepted: | Renown Regional Med Ctr <sup>(E)</sup> | Incline Village Comm. Hospital | VA Medical Center <sup>(B)</sup> | Northern Nevada Medical Center | St Mary's Reg Med Ctr & Tahoe Pacific West | Renown Rehab Hospital | Renown So. Meadows & Tahoe Pacific So. Meadows |
|---------------------------------------|--|--------------------------------|----------------------------------|--------------------------------|--|-----------------------|--|
| ICU (Med/Surg)                        | 41                                     | 0                              | 8                                | 4                              | 8 / 2                                      | 0                     | 4 / 3  |
| Cardiac Care Unit                     | 15                                     | 0                              | 0                                | 0                              | 10 / 1                                     | 0                     | 0 / 2  |
| Cardiac Surgery                       | 6                                      | 0                              | 0                                | 0                              | 2 / 0                                      | 0                     | 0 / 0  |
| Telemetry/SD/Cardiac                  | 57                                     | 0                              | 0                                | 0                              | 23 / 1                                     | 0                     | 0 / 2  |
| <b>Critical Care Subtotal</b>         | <b>119</b>                             | <b>0</b>                       | <b>8</b>                         | <b>4</b>                       | <b>43 / 4</b>                              | <b>0</b>              | <b>4 / 7</b>                                   |
| Telemetry/SD/Med-Surg                 | 14                                     | 0                              | 2                                | 10                             | 12 / 2                                     | 0                     | 0 / 3  |
| Surgical (Orth/Neuro/GSU)             | 120                                    | 2                              | 8                                | 10                             | 55 / 2                                     | 0                     | 11 / 5   |
| Oncology                              | 20                                     | 0                              | 0                                | 0                              | 18 / 0                                     | 0                     | 0 / 0  |
| Medical/General                       | 46                                     | 2                              | 17                               | 15                             | 20 / 1                                     | 0                     | 11 / 4   |
| <b>Med-Surg/Tele Subtotal</b>         | <b>200</b>                             | <b>4</b>                       | <b>27</b>                        | <b>35</b>                      | <b>105 / 5</b>                             | <b>0</b>              | <b>22 / 12</b>                                 |
| IC Nursery                            | 28                                     | 0                              | 0                                | 0                              | 15 / 0                                     | 0                     | 0 / 0  |
| Pediatric ICU                         | 7                                      | 0                              | 0                                | 0                              | 0 / 0                                      | 0                     | 0 / 0  |
| Pediatrics                            | 18                                     | 0                              | 0                                | 0                              | 4 / 0                                      | 0                     | 0 / 0  |
| Laboring/Antepartum                   | 22                                     | 0                              | 0                                | 0                              | 4 / 0                                      | 0                     | 0 / 0  |
| Postpartum                            | 40                                     | 0                              | 0                                | 0                              | 24 / 0                                     | 0                     | 0 / 0  |
| <b>MCH Subtotal</b>                   | <b>115</b>                             | <b>0</b>                       | <b>0</b>                         | <b>0</b>                       | <b>47 / 0</b>                              | <b>0</b>              | <b>0 / 0</b>                                   |
| Surgery (Intra-Op)                    | 15                                     | 1                              | 3                                | 4                              | 10 / 0                                     | 0                     | 1 / 0  |
| PACU & Preop                          | 15                                     | 1                              | 3                                | 3                              | 10 / 0                                     | 0                     | 2 / 0  |
| Day Surgery                           | 20                                     | 1                              | 0                                | 0                              | 8 / 0                                      | 0                     | 8 / 0  |
| <b>Peri Operative Subtotal</b>        | <b>70</b>                              | <b>3</b>                       | <b>6</b>                         | <b>7</b>                       | <b>28 / 0</b>                              | <b>0</b>              | <b>11 / 0</b>                                  |
| Psych <sup>(C)</sup>                  | 0                                      | 0                              | 8                                | 12                             | 0 / 0                                      | 0                     | 0 / 0  |
| Skilled/Rehab                         | 0                                      | 0                              | 52                               | 12                             | 4 / 0                                      | 20                    | 0 / 0  |
| <b>Other Subtotal</b>                 | <b>0</b>                               | <b>0</b>                       | <b>60</b>                        | <b>24</b>                      | <b>4 / 0</b>                               | <b>0</b>              | <b>32 <sup>(B)</sup> / 0</b>                   |
| <b>TOTAL <sup>(A)</sup></b>           | <b>484</b>                             | <b>7</b>                       | <b>101</b>                       | <b>70</b>                      | <b>227 / 9</b>                             | <b>20</b>             | <b>69 / 19</b>                                 |
| Emergency                             | 10                                     | 1                              | 3                                | 2                              | 8 / 0                                      | 0                     | 3 / 0  |

<sup>(A)</sup>Totals are exclusive of ER patients. Emergency patient numbers are those patients who are awaiting admission or who require nursing care and cannot safely be discharged home from the ER.

<sup>(B)</sup> Renown South Meadows Medical Center has 32 Other/Assisted Living patients.

<sup>(C)</sup> Tahoe Pacific West is located inside St. Mary's, and Tahoe Pacific South Meadows is inside Renown So. Meadows Medical Center

SD = Step Down Unit

**Initial Patient Acceptance Overview (after patient census reduction measures):**

| Type of patient that can be accepted: | Renown Regional Med Ctr <sup>(E)</sup> | Incline Village Comm. Hospital | VA Medical Center <sup>(B)</sup> | Northern Nevada Medical Center | St Mary's Reg Med Ctr & Tahoe Pacific West | Renown Rehab Hospital | Renown So. Meadows & Tahoe Pacific So. Meadows |
|---------------------------------------|--|--------------------------------|----------------------------------|--------------------------------|--|-----------------------|--|
| ICU (Med/Surg)                        | 18 (25)                                | 0                              | 2                                | 4                              | 3 / 2                                      | 0                     | 6 / 3  |
| Cardiac Care Unit                     | 12 (19)                                | 0                              | 0                                | 0                              | 11 / 1                                     | 0                     | 0 / 2  |
| Cardiac Surgery                       | 4                                      | 0                              | 0                                | 0                              | 6 / 0                                      | 0                     | 0 / 0  |
| Telemetry/SD/Cardiac                  | 12                                     | 0                              | 0                                | 6                              | 20 / 1                                     | 0                     | 15 / 1   |
| <b>Critical Care Subtotal</b>         | <b>46 (60)</b>                         | <b>0</b>                       | <b>2</b>                         | <b>10</b>                      | <b>40 / 4</b>                              | <b>0</b>              | <b>21 / 6</b>                                  |
| Telemetry/SD/Med-Surg                 | 12 (18)                                | 0                              | 0                                | 0                              | 12 / 2                                     | 0                     | 0 / 2  |
| Surgical (Orth/Neuro/GSU)             | 34 (46)                                | 1                              | 3                                | 8                              | 40 / 1                                     | 25                    | 0 / 2  |
| Oncology                              | 10                                     | 0                              | 0                                | 0                              | 26 / 0                                     | 0                     | 0 / 0  |
| Medical/General                       | 10 (22)                                | 1                              | 2                                | 4                              | 15 / 2                                     | 25                    | 15 / 2   |
| <b>Med-Surg/Tele Subtotal</b>         | <b>66 (96)</b>                         | <b>2</b>                       | <b>5</b>                         | <b>12</b>                      | <b>93 / 5</b>                              | <b>50</b>             | <b>15 / 6</b>                                  |
| IC Nursery                            | 20                                     | 0                              | 0                                | 0                              | 20 / 0                                     | 0                     | 0 / 0  |
| Pediatric ICU                         | 3                                      | 0                              | 0                                | 0                              | 7 / 0                                      | 0                     | 0 / 0  |
| Pediatrics <sup>(D)</sup>             | 4                                      | 0                              | 0                                | 0                              | 18 / 0                                     | 0                     | 0 / 0  |
| Laboring/Antepartum                   | 22                                     | 0                              | 0                                | 0                              | 12 / 0                                     | 0                     | 0 / 0  |
| Postpartum                            | 40                                     | 0                              | 0                                | 0                              | 0 / 0                                      | 0                     | 0 / 0  |
| <b>MCH Subtotal</b>                   | <b>89</b>                              | <b>0</b>                       | <b>0</b>                         | <b>0</b>                       | <b>57 / 0</b>                              | <b>0</b>              | <b>0 / 0</b>                                   |
| Surgery (Intra-Op)                    | 14                                     | 0                              | 2                                | 2                              | 10 / 0                                     | 0                     | 1 / 0  |
| PACU & Preop                          | 13                                     | 0                              | 4                                | 3                              | 10 / 0                                     | 0                     | 10 / 0   |
| Day Surgery                           | 10                                     | 0                              | 0                                | 0                              | 20 / 0                                     | 0                     | 0 / 0  |
| <b>Peri Operative Subtotal</b>        | <b>37</b>                              | <b>0</b>                       | <b>6</b>                         | <b>5</b>                       | <b>40 / 0</b>                              | <b>0</b>              | <b>11 / 0</b>                                  |
| Psych <sup>(C)</sup>                  | 0                                      | 0                              | 12 <sup>(C)</sup>                | 2                              | 0 / 0                                      | 0                     | 0 / 0  |
| Skilled/Rehab                         | 87                                     | 0                              | 9                                | 2                              | 16 / 0                                     | 20                    | 0 / 0  |
| <b>Other Subtotal</b>                 | <b>87</b>                              | <b>0</b>                       | <b>21</b>                        | <b>4</b>                       | <b>16 / 0</b>                              | <b>20</b>             | <b>0 / 0</b>                                   |
| <b>TOTAL <sup>(A)</sup></b>           | <b>325 (369)</b>                       | <b>2</b>                       | <b>34</b>                        | <b>31</b>                      | <b>226 / 9</b>                             | <b>70</b>             | <b>47 / 12</b>                                 |
| Emergency                             | 19                                     | 3                              | 2                                | 8                              | 30 / 0                                     | 0                     | 6 / 0  |

<sup>(A)</sup> Totals are exclusive of Emergency patients.

<sup>(B)</sup> The VA Hospital is a National Disaster Medical System partner. Patients coming from a national emergency may decrease numbers.

<sup>(C)</sup> The VA Hospital could receive 12 psychiatric patients if staff came from the evacuating hospital and closed rooms are opened.

<sup>(D)</sup> Pediatric patients could be accepted by St. Mary's in addition to 7 PICU patients if staff and beds came from the evacuating hospital.

<sup>(E)</sup> Changes in Renown acceptance figures effective 11/1/07 are in parentheses.

## **2.8 Limited Liability and Disaster Declaration Process**

All hospitals participating in the *Mutual Aid Evacuation Annex* are advised to consult private legal counsel to evaluate their hospital's potential exposure to liability. In an effort to assist with this task, relevant provisions of Nevada law are outlined below.

Chapter 414 of the Nevada Revised Statutes (NRS) addresses emergency management activities. All functions under Chapter 414 and all other activities relating to emergency management have been declared by the State of Nevada to be governmental functions. In carrying out the emergency management activities under NRS 414.110, the State, its agencies, political subdivisions, and workers thereof will not be liable for the death or injury to any person or for damage to property as a result of such activity. This limitation of liability, however, does not exist in cases of willful misconduct, gross negligence or bad faith. Additionally, under this provision the requirements of professional licensure may not apply to "authorized workers". In the context of the *Mutual Aid Evacuation Annex* it is questionable at this time as to whether the limitation of liability under NRS 414.110 extends to those hospitals participating in this annex.

However, even if the participating hospitals are not extended limited liability under NRS 414.110, there may be some protection for the receiving hospitals under NRS 414.120. This statute specifically limits the liability of private persons who "voluntarily and without compensation" shelter persons during an emergency or disaster. This provision protects private persons against "civil liability for negligently causing the death, or injury to, any person on or about such real property or premises, or for loss of, or damage to, the property of such a person."

Further protections may also be afforded to participating hospitals through Nevada's Good Samaritan laws (e.g. NRS 41.500) as well as through existing patient transfer agreements and individual hospital policies.

As for the Disaster Declaration Process, a formal emergency declaration by the political jurisdiction initiates the immunities noted above. Each political subdivision in Washoe County, including the Cities of Reno and Sparks has enacted ordinances that address emergency management or disaster relief in those jurisdictions. (See Washoe County Code § 65.300, Reno Municipal Code § 8.34, and Sparks Municipal Code § 2.20). If, emergency circumstances prohibit timely action by the governing body, the jurisdiction's ordinance may empower a designated individual (e.g. County or City Manager) to implement the disaster declaration process.

A total or partial evacuation of a hospital in our community may impact the entire medical community in all three jurisdictions. The Field Incident Commander shall be proactive in notifying the Emergency Management

representative of its jurisdiction of the impact to the local community so that an emergency declaration can be issued, when appropriate. The District Health Officer should also be notified to advise the Incident Commander(s) or political jurisdictions of the potential impacts on public health. This Mutual Aid Evacuation Annex hinges on the close cooperation of multiple non-profit and for-profit hospitals working in concert with government to maintain critical medical services to the citizens of the community.

The Hospital Incident Commander of the evacuating hospital should already be in contact with the Field Incident Commander when a hospital evacuation decision is made. Once the decision to evacuate has been made, the Incident Commander from the Authority Having Jurisdiction shall initiate the jurisdiction's process for a Disaster Declaration. It is the Incident Commander's responsibility to include this strategy in the Incident Action Plan in a timely fashion.

## **2.9 Definitions**

|  |   |
|--|---|
| <b>Authority Having Jurisdiction (AHJ)</b> | The government agency responsible for public safety or code enforcement within any given geographical area.   |
| <b>Care Capacity</b>                       | The number of beds for which the hospital is able to staff to provide care.   |
| <b>Emergency Operations Center (EOC)</b>   | A secured site where public officials exercise support, direction and control of an emergency in concert with public and private agencies.  |
| <b>Environment of Care</b>                 | A term used to describe the building, equipment and people that provide services that allows patient care to take place.  |
| <b>External Holding Area</b>               | A sheltered location close to the evacuating hospital where patients can be temporarily held for safety purposes and during which an assessment of the hospital may take place. From there, the patients are either returned to the original hospital, or dispersed to other members. External holding areas are primarily used during an immediate evacuation. |
| <b>Field Command Post</b>                  | The designated location where primary command functions are executed.   |

|  |   |
|--|---|
| <b>Field Incident Commander (IC)</b>       | The person from the Authority Having Jurisdiction who responds to the emergency and who is responsible for all decisions relating to the incident and management of incident operations (i.e. fire or law enforcement).   |
| <b>HICS</b>                                | An Incident Command System designed specifically for use in the medical environment.  |
| <b>Hospital Command Center</b>             | A location where primary hospital emergency response functions are carried out to manage a medical hospital's disaster or emergency.  |
| <b>Hospital IC</b>                         | The hospital Incident Commander leading a medical hospital's disaster response efforts.   |
| <b>Incident Command System (ICS)</b>       | An operational command and control organizational system to manage resources based on the principle functions performed in any disaster. These are: Command, Operations, Finance, Logistics, and Planning.  |
| <b>Internal Staging Areas</b>              | Pre-designated areas within a hospital where patients are collected prior to being transported outside of the facility. Hospitals may designate staging areas for various types of patients, i.e. ambulatory, non-ambulatory, etc.  |
| <b>Multi-Casualty Incident Plan (MCIP)</b> | Guidelines maintained by the Washoe County District Board of Health for the Reno, Sparks, and Washoe County area to effectively, efficiently and safely organize multi-casualty incidents utilizing ICS as the management tool.   |
| <b>Patient Overflow Area</b>               | An alternative care location identified by each hospital where basic patient care can take place. Such locations may be auditoriums, cafeterias, hallways, or lobbies, and are used by receiving hospitals when it needs to surge its capacity to receive evacuated patients. |

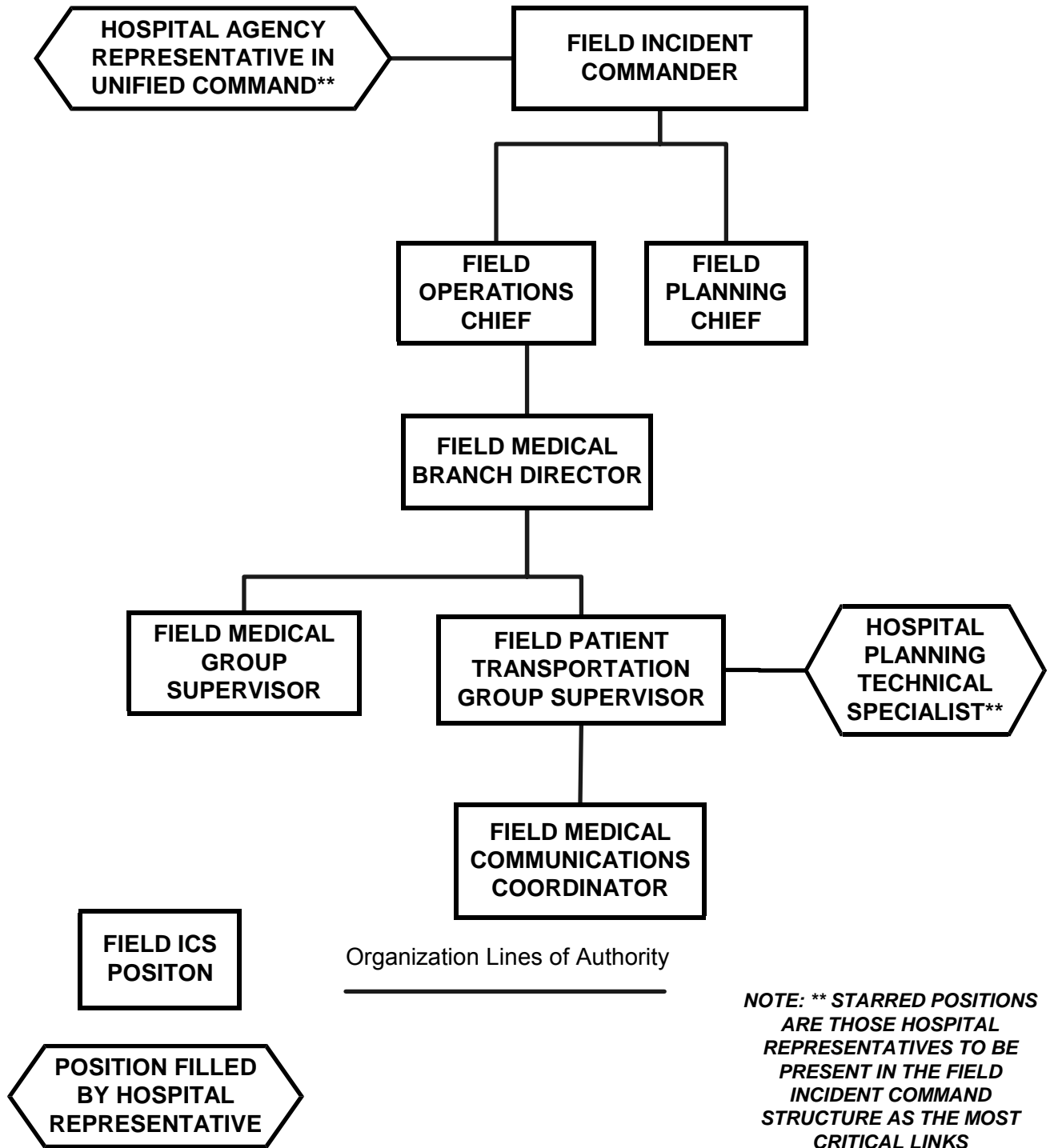
|                                       |  |
|---------------------------------------|--|
| <b>Political subdivision</b>          | Under Nevada Revised Statutes 414.038, political subdivision means a city or a county.   |
| <b>Qualified Disaster</b>             | An unusual and unforeseen situation, which overtakes the operations (physical plant and staff) of a member hospital, resulting in a partial or full evacuation.  |
| <b>Skilled Nursing Facility (SNF)</b> | A facility that provides sub-acute nursing and/or rehabilitation services.   |
| <b>Special Care Unit</b>              | A generalized term to include Intensive Care, Cardiac Care, Cardiac Surgery, Pediatric Intensive Care, Neonatal Intensive Care Units, patients undergoing surgical procedures, and patients that are in Post Anesthesia Recovery (PACU). |
| <b>Unified Command</b>                | A method for all agencies who have jurisdictional or functional responsibility to contribute to incident planning and strategies.  |

### **3. OPERATIONAL CONCEPTS**

#### **3.1 Incident Command System—Linkage to Hospital ICS System**

- 3.1.1** The Washoe County District Board of Health Multi-Casualty Incident Plan was primarily developed to propose organizational and management guidelines for dealing with a large number of human casualties in the field at the scene of a medical or traumatic emergency. The patient oriented functions are generally broken down into triage, treatment and transportation. The cornerstone of the management is the Incident Command System (ICS).
- 3.1.2** Since the development of the Field Multi-Casualty Incident Plan (MCIP), which provides guidelines for the development of a Field Medical Branch, hospitals throughout the country have adopted an internal ICS management model developed to address hospital management functions. The model used in Washoe County is called the Hospital Incident Command System (HICS).
- 3.1.3** When a hospital needs to be evacuated, these two ICS models interface to provide a basis for managing a large number of patients. The chart on the next page shows the relationship of the major Field ICS and hospital staffed ICS positions. Those that need to be filled in the field ICS System by hospital personnel are a hospital representative and a hospital planning technical specialist. Based on ICS unified command concepts, it is critical that the evacuating facility, through its hospital representative, participate in unified command in the field command post.

## Linkage of Hospital ICS Positions and Field ICS / Multi-Casualty Branch Positions



### **3.2 Skilled Nursing Facilities**

A Skilled Nursing Facility (SNF) may be contracted by an evacuating hospital as part of their internal controlled discharge plan or policy. The SNF (if not compromised by the qualified disaster) may potentially be put on notice by both the evacuating hospital and a receiving hospital (as part of each hospital's internal controlled discharge policy). The contracted SNFs and non-contract SNFs who are contacted may receive patients of appropriate acuity from evacuating and/or receiving hospitals.

### **3.3 Public Information**

All media releases distributed by the evacuating hospital will be coordinated through Unified Command. (It is suggested that the first message should instruct the public not to come to the scene, and not to call, but inform them that information will be made available.)

### **3.4 Receiving Hospital Actions**

#### **3.4.1 Internal actions**

- When notified an evacuation is taking place receiving hospitals should open beds by appropriately discharging patients home, review of elective surgical procedures, etc.
- Make preparations for receiving an influx of patients. Determine if your hospital can accommodate additional patients. If changes to the plan numbers for receipt of patients need to be made, receiving hospitals are responsible for contacting REMSA Medical Dispatch.
- Obtain any additional equipment, bedding and staff needed to assist patients until the evacuating hospital's staff and equipment have been fully dispersed (consider holding over or calling in an extra shift of personnel to help).
- Maintain communications with the evacuating hospital to determine if any last minute changes have been made.

#### **3.4.2 Notifications**

- Once the patient has been accepted by the receiving hospital, the receiving hospital will notify the patient's physician and family.
- Should the receiving hospital have more patients than their licensed bed limit, the Bureau of Health Facilities should be notified. (See NAC 449.310 regarding the ability of a hospital to exceed its number of licensed beds in an emergency, and NAC 449.0032 for the NAC definition of an "emergency.")

### **3.5 Cross Privileges of Medical Staff**

The plan annex members agree to grant temporary reciprocity to all active medical staff from the evacuating hospital evacuating patients.

As soon as possible the evacuating hospital will provide a current listing of all credentialed staff to the credentialing offices of the receiving hospitals. Receiving hospitals are responsible for developing procedures for the emergency credentialing of staff during a disaster.

### **3.6 Cross Privileges of Employees**

In the event that patients have been evacuated from one hospital and admitted to other hospitals, the annex members agree to grant temporary reciprocity to all evacuating hospital employees if licensed or certified in Nevada.

As soon as possible the evacuating hospital will provide a current listing of all employees to other hospitals, which will include pertinent licensing, and certification information.

Employees will remain on the payroll of the evacuating hospital, which will continue normal insurance and workers compensation insurance coverage, until other arrangements have been made.

### **3.7 Admitting**

Patients sent by the evacuating hospital will maintain the current attending physician unless the physician transfers the care of that patient to another physician when the patient arrives at the receiving hospital.

All patient billing will be done in compliance with State and Federal reimbursement guidelines for transferred patients.

### **3.8 Medical Records**

If time and evacuation conditions permit, pertinent medical records and information will accompany each patient to the receiving hospital.

Upon transfer back to the original hospital, a copy of pertinent medical record information will accompany each patient or be made available to the attending physician.

### **3.9 Biomedical Equipment**

Biomedical Equipment distributed from the evacuating hospital will be initially accepted by all receiving hospitals.

The receiving hospital may catalogue and carry out safety checks of the equipment as time and patient condition permits.

Equipment will be returned to the evacuating hospital upon return of the patient, unless arrangements have been made otherwise.

### **3.10 Pharmaceuticals**

Prescribed pharmaceutical products that arrive with the patient will be subject to review by the receiving hospital's pharmacy.

# **Appendix A**

## Hospital Specific Information

**A-1 Annex Members, Contact Persons and External Holding Areas**

| <b>HOSPITAL NAME<br/>ADDRESS<br/>PHONE<br/>CONTACT PERSON</b>  | <b>EXTERNAL HOLDING AREA<br/>ADDRESS<br/>PHONE</b>  |
|--|---|
| <p><b>Renown Regional Medical Center</b><br/>1155 Mill Street<br/>Reno, NV 89502<br/><b>24 hour Emergency Contact Title:</b><br/>Nursing Coordinator<br/>Number: 982-3310<br/><b>Annex Issues Contact Person:</b><br/>Steve Matles, Safety Officer, 982-4135</p>   | <p>1. Renown Professional Building—unaffected tower<br/>1155 Mill Street 982-4100<br/>Reno, NV 89502<br/>2. Renown Rehabilitation Hospital<br/>1495 Mill Street 982-3500<br/>Reno, NV 89502</p> |
| <p><b>Renown South Meadows Medical Center</b><br/>10101 Double R Blvd.<br/>Reno, NV 89521<br/><b>24 hour Emergency Contact Title:</b><br/>Nursing Coordinator, 233-8132<br/><b>Annex Issues Contact Person:</b><br/>Quality Improvement Coordinator, 982-7075</p>  |   |
| <p><b>Saint Mary's Regional Medical Center</b><br/>235 West Sixth Street<br/>Reno, NV 89520<br/><b>24 Hour Emergency Contact Title:</b><br/>Administrator on Duty <i>or</i> Nursing Supervisor<br/>Number: 770-3000<br/><b>Annex Issues Contact Person:</b><br/>VP of Nursing 770-3008</p>                         | <p>Elm Street Medical Office Bldg. 770-6500<br/>Center for Outpatient Surgery<br/>343 Elm Street<br/><br/>Elm Street Parking Garage</p>   |
| <p><b>Northern Nevada Medical Center</b><br/>2375 E. Prater Way<br/>Sparks, NV 89434<br/><b>24 Hour Emergency Contact Title:</b><br/>Administrator on Duty <i>or</i> Patient Care Coordinator<br/>24 Hour Number: 331-7000<br/><b>Annex issues Contact Person:</b><br/>Director of Emergency Services 356-4917</p> | <p>Vista Medical Building 356-9393<br/>2345 E. Prater Way<br/><br/>Medical Office Building 352-8580<br/>2385 E. Prater Way</p>  |
|  |   |

| <b>HOSPITAL NAME<br/>ADDRESS<br/>PHONE<br/>CONTACT PERSON</b>  | <b>EXTERNAL HOLDING AREA<br/>ADDRESS<br/>PHONE</b>  |                           |          |                                    |  |                       |          |  |  |                           |          |                                      |  |                         |          |                                  |  |
|--|---|---------------------------|----------|------------------------------------|--|-----------------------|----------|--|--|---------------------------|----------|--------------------------------------|--|-------------------------|----------|----------------------------------|--|
| <b>Tahoe Pacific Hospital West</b><br>(Inside St. Mary's Regional Medical Center)<br>235 W. Sixth Street<br>Reno., Nevada 89520<br><b>24 Hour Emergency Contact Title:</b><br>Charge Nurse<br>24 Hour Number: 770-7988<br><b>Annex Issues Contact Person:</b><br>Director of Quality Management 355-5970 | West Elm Street Medical Office Building<br>343 Elm Street<br>Reno, Nevada   |                           |          |                                    |  |                       |          |  |  |                           |          |                                      |  |                         |          |                                  |  |
| <b>Tahoe Pacific Hospital South Meadows</b><br>(inside RENOWN South Meadows)<br>10101 Double R. Blvd<br>Reno, Nevada 89521<br><b>24 Hour Emergency Contact Title:</b><br>Charge Nurse<br>24 Hour Number: 326-6148<br><b>Annex Issues Contact Person:</b><br>Director of Quality Management 355-5970      | Not yet designated  |                           |          |                                    |  |                       |          |  |  |                           |          |                                      |  |                         |          |                                  |  |
| <b>Veterans Administration Medical Center of Reno</b><br>1000 Locust<br>Reno, NV 89520<br><b>24 Hour Emergency Contact Title:</b><br>Administrative Officer of the Day<br>24 Hour Number: 328-1247<br><b>Annex Issues Contact Person:</b><br>Kevin Brun<br>Emergency Coordinator 786-7200 Ext 1910       | <table border="0"> <tr> <td>Veteran's Memorial School</td> <td style="text-align: right;">333-5090</td> </tr> <tr> <td>1200 Locust St<br/>Reno, NV 89520</td> <td></td> </tr> <tr> <td>Wooster High School</td> <td style="text-align: right;">333-5100</td> </tr> <tr> <td>1331 East Plumb Lane<br/>Reno, NV 89502</td> <td></td> </tr> </table>   | Veteran's Memorial School | 333-5090 | 1200 Locust St<br>Reno, NV 89520   |  | Wooster High School   | 333-5100 | 1331 East Plumb Lane<br>Reno, NV 89502 |  |                           |          |                                      |  |                         |          |                                  |  |
| Veteran's Memorial School  | 333-5090  |                           |          |                                    |  |                       |          |  |  |                           |          |                                      |  |                         |          |                                  |  |
| 1200 Locust St<br>Reno, NV 89520   |   |                           |          |                                    |  |                       |          |  |  |                           |          |                                      |  |                         |          |                                  |  |
| Wooster High School  | 333-5100  |                           |          |                                    |  |                       |          |  |  |                           |          |                                      |  |                         |          |                                  |  |
| 1331 East Plumb Lane<br>Reno, NV 89502   |   |                           |          |                                    |  |                       |          |  |  |                           |          |                                      |  |                         |          |                                  |  |
| <b>Incline Village Community Hospital</b><br>880 Alder Street<br>Incline Village, NV 89451<br><b>24 Hour Emergency Contact Title:</b><br>Emergency Department Nurse<br>24 Hour Number: 833-4100, ext. 212<br><b>Annex Issues Contact Person:</b><br>Pam Stock, Director<br>833-4100, ext. 220            | <table border="0"> <tr> <td>Incline High School</td> <td style="text-align: right;">832-4260</td> </tr> <tr> <td>499 Village Blvd., Incline Village</td> <td></td> </tr> <tr> <td>Incline Middle School</td> <td style="text-align: right;">832-4220</td> </tr> <tr> <td>931 Southwood Blvd., Incline Village</td> <td></td> </tr> <tr> <td>Incline Elementary School</td> <td style="text-align: right;">832-4205</td> </tr> <tr> <td>771 Southwood Blvd., Incline Village</td> <td></td> </tr> <tr> <td>IVGID Recreation Center</td> <td style="text-align: right;">832-1300</td> </tr> <tr> <td>980 Incline Way, Incline Village</td> <td></td> </tr> </table> | Incline High School       | 832-4260 | 499 Village Blvd., Incline Village |  | Incline Middle School | 832-4220 | 931 Southwood Blvd., Incline Village   |  | Incline Elementary School | 832-4205 | 771 Southwood Blvd., Incline Village |  | IVGID Recreation Center | 832-1300 | 980 Incline Way, Incline Village |  |
| Incline High School  | 832-4260  |                           |          |                                    |  |                       |          |  |  |                           |          |                                      |  |                         |          |                                  |  |
| 499 Village Blvd., Incline Village   |   |                           |          |                                    |  |                       |          |  |  |                           |          |                                      |  |                         |          |                                  |  |
| Incline Middle School  | 832-4220  |                           |          |                                    |  |                       |          |  |  |                           |          |                                      |  |                         |          |                                  |  |
| 931 Southwood Blvd., Incline Village   |   |                           |          |                                    |  |                       |          |  |  |                           |          |                                      |  |                         |          |                                  |  |
| Incline Elementary School  | 832-4205  |                           |          |                                    |  |                       |          |  |  |                           |          |                                      |  |                         |          |                                  |  |
| 771 Southwood Blvd., Incline Village   |   |                           |          |                                    |  |                       |          |  |  |                           |          |                                      |  |                         |          |                                  |  |
| IVGID Recreation Center  | 832-1300  |                           |          |                                    |  |                       |          |  |  |                           |          |                                      |  |                         |          |                                  |  |
| 980 Incline Way, Incline Village   |   |                           |          |                                    |  |                       |          |  |  |                           |          |                                      |  |                         |          |                                  |  |

| <b>HOSPITAL NAME<br/>ADDRESS<br/>PHONE<br/>CONTACT PERSON</b>  | <b>EXTERNAL HOLDING AREA<br/>ADDRESS<br/>PHONE</b> |
|--|--|
| <b>Renown Rehabilitation Hospital</b><br>1495 Mill Street<br>Reno, NV 89503<br><b>24 Hour Emergency Contact Title:</b><br>Administrator on Call<br>24 Hour Number: 982-3500<br><b>Annex Issues Contact Person:</b><br>Director of Nursing 982-3531 |  |

**A.2 Hospital Mileage Chart**

**Hospital Evacuation Mileage Chart**

**Washoe County Hospitals**

| <b>Hospitals</b>                       | <b>Incline Village</b> | <b>No. NV Hospital</b> | <b>St Mary's Regional &amp; Tahoe Pacific W.</b> | <b>VA Medical Ctr</b> | <b>Renown Med Main</b> | <b>Renown Rehab</b> | <b>Renown So. Meadows &amp; Tahoe Pacific So.</b> | <b>Other Regional Hospitals</b> | <b>Carson Tahoe</b> | <b>Tahoe Forest</b> | <b>Barton Memorial</b> |
|--|------------------------|------------------------|--|-----------------------|------------------------|---------------------|---|---------------------------------|---------------------|---------------------|------------------------|
| Incline Village                        | 0                      | 39.6                   | 36.8   | 34.3                  | 34                     | 34.1                | 26.7  |                                 | 27.6                | 19.7                | 29.7                   |
| No. Nevada Med Ctr                     | 39.6                   | 0                      | 7.1  | 7.1                   | 7.4                    | 6.7                 | 13.2  |                                 | 33.2                | 38.9                | 66.3                   |
| St Mary's Regional & Tahoe Pacific W.  | 36.8                   | 7.1                    | 0  | 2                     | 1.9                    | 2.1                 | 10.2  |                                 | 30.2                | 32.4                | 62.8                   |
| VA Medical Ctr                         | 34.3                   | 7.1                    | 2  | 0                     | 1.2                    | 1                   | 7.6   |                                 | 27.6                | 34.5                | 60.6                   |
| Renown Regional Med Main               | 34                     | 7.4                    | 1.9  | 1.2                   | 0                      | 0.5                 | 7.8   |                                 | 27.8                | 34.3                | 60.6                   |
| Renown Rehab                           | 34.1                   | 6.7                    | 2.1  | 1                     | 0.5                    | 0                   | 7.3   |                                 | 27.4                | 34.4                | 60.2                   |
| Renown So. Meadows & Tahoe Pacific So. | 26.7                   | 13.2                   | 10.2   | 7.6                   | 7.8                    | 7.3                 | 0   |                                 | 20.2                | 42                  | 52.9                   |
|  |                        |                        |  |                       |                        |                     |   |                                 |                     |                     |                        |

# **Appendix B**

## **Transportation of Patients**

## **B.1 Transportation of Patients**

Patients will be transported from the evacuating hospital to an external holding area in an “immediate” evacuation or, in the case of an “urgent” evacuation, directly to a receiving hospital. Subsequent transportation could also occur from an external holding area to receiving hospitals. In either case, “Special Care” patients will be sent directly to hospitals without going to external holding areas.

### **B.1.1 Emergency Medical Services**

Upon a decision that patients will be evacuated from a hospital, the field ICS hospital staffed ICS interface will be instituted. The field ICS Patient Transportation Group Supervisor under the field ICS Medical Branch will implement field transportation staging operations and establish coordination with the Hospital Planning Technical Specialist (see position checklist in Appendix F.2.) and the field ICS Medical Branch Director regarding patient destination(s).

Ideally the external patient holding area(s) for an immediate evacuation will be pre-designated by each hospital in their internal plans, prior to the incident. However, if the pre-designated patient external holding area cannot be utilized, the Hospital Planning Technical Specialist along with the field ICS Medical Branch Director may determine the safest place to establish a patient external holding area if not already determined by the hospital. The medical authority for identifying the method of transfer of the patients from the hospital to another hospital rests with the Hospital Incident Commander and his/her staff. The receiving hospital destination and transportation resources to be used will be decided upon jointly by the Patient Transportation Group Supervisor and Hospital Planning Technical Specialist working with the Medical Branch. More than one staging area for ambulances, non-ambulances or equipment may be established at the evacuating facility.

Because patients have already been triaged by the evacuating hospital and identified with an armband, traditional field triage tags will generally not be used. The Patient Transportation Group Supervisor will track patients using the name and hospital number from the patient’s existing armband and write this information on the MCI field patient tracking form. Triage tags will only be used if individuals must be evacuated who do not have such an identifying armband.

### **B.1.2 Transportation Staging Areas**

Field ICS transport vehicle staging area(s) will be established in close proximity to the internal staging areas or external patient holding areas. Ambulances will park and be dispatched in order as directed by the Field ICS Patient Transportation Group Supervisor. The Hospital Planning Technical Specialist will receive information about the appropriate medical care and needs of each patient from the Hospital ICS Planning and Operations Chiefs.

Information on the transport needs and requirements for specialized equipment or staffing will be shared between the Hospital Planning Technical Specialist and the Field ICS Medical Branch Patient Transportation Group Supervisor. The hospital external patient holding area(s) will be used by the hospitals to re-evaluate patients just prior to transfer. The field ICS Patient Transportation Group Supervisor, in consult with the Hospital Planning Technical Specialist, will direct ambulance and non-ambulance resources to the appropriate receiving hospital that has the ability to care for the patient's medical needs. Some hospitals may not have the capacity to receive pediatric patients, neonates, and ante partum or post partum patients, etc. REMSA Medical Dispatch will notify the receiving hospital's contact person that the patient is en route, the ETA, and type of patient. Identifying patient information such as names will be transmitted via landline (due to HIPAA issues). Because of the limited ambulance resources that may be available, there will not be room for family members to be transported with the patient.

Additional transport vehicles may be required to move non-acute patients to other receiving hospitals. For the most part, these additional vehicles will be from the Regional Transportation Commission, Washoe County School District, Citilift buses, or other resources provided by non-ambulance providers.

Staging of these non-ambulance vehicles will be in close proximity to the ambulance staging area(s). The field ICS Staging Officer will make contact with supervisory personnel of the non-ambulance provider to receive help in dispatching those vehicles to the evacuating hospital staging area(s). In addition the field ICS Staging Officer may work with the field ICS Medical Communications Coordinator to place an Amateur Ham Radio Operator on each vehicle to insure communications during transport (see Appendix C - Communications Plan).

## HOSPITAL EVACUATION PLANNING WORKSHEET

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Hospital Transportation Unit Leader: \_\_\_\_\_

### Category of Hospital Evacuation

\_\_\_\_\_ Immediate                      \_\_\_\_\_ Urgent

| Patient Category   | Number of Patients | Estimated Caregiver/<br>Patient Ratio<br>Needed En Route | Estimate of Caregivers<br>Needed en<br>Route* |
|--|--------------------|--|---|
| Type #1<br>Special Equipment/Staff Required<br>(Ventilators, etc.) |                    |  |   |
| Type #2<br>Bed, Gurney (Non-ambulatory)                            |                    |  |   |
| Type #3<br>Wheelchair  |                    |  |   |
| Type #4<br>Ambulatory  |                    |  |   |
| Totals   |                    |  |   |

Prepared by: \_\_\_\_\_

Instructions: after the Hospital ICS Transportation Unit Leader summarizes the data received from each hospital unit, he/she will complete this summary form and give it to the Planning Technical Specialist assigned by the hospital to work with the field ICS Patient Transportation Group Supervisor

## FIELD EVACUATION TRANSPORTATION WORKSHEET

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Transportation Group Supervisor: \_\_\_\_\_

| Transport Requirements                               |                    |                                   |     |     |            |
|--|--------------------|-----------------------------------|-----|-----|------------|
| Patient Type   | Number of Patients | Critical Care Ground/Air (CC G/A) | ALS | BLS | BUS/ OTHER |
| <b>Type #1</b>                                       |                    |                                   |     |     |            |
| Special Equipment/Staff Required (Ventilators, etc.) |                    |                                   |     |     |            |
| <b>Type #2</b>                                       |                    |                                   |     |     |            |
| Bed, Gurney (Non-ambulatory)                         |                    |                                   |     |     |            |
| <b>Type #3</b>                                       |                    |                                   |     |     |            |
| Wheelchair   |                    |                                   |     |     |            |
| <b>Type #4</b>                                       |                    |                                   |     |     |            |
| Ambulatory   |                    |                                   |     |     |            |

| Units by Type                                    | # of Pts | # of Units |
|--|----------|------------|
| Total CC G/A Units Needed                        |          |            |
| Total ALS Units Needed (1-2 per unit)            |          |            |
| Total BLS Units Needed (2 per unit)              |          |            |
| Total Bus/Other Units Needed (# Varies; Avg. 25) |          |            |

This form is completed based on the information provided by the Hospital Planning Technical Specialist (see "Hospital Evacuation Planning Worksheet") who is assigned to work with the Field Patient Transportation Group Supervisor

**B.2 Transportation Resources**

|    | <b>Buses</b>               | <b>Company Name</b>  | <b>Phone No.</b> | <b>Contact</b> | <b># of Buses</b> | <b># With Lifts</b> | <b>Capacity For Each</b> |    |
|----|----------------------------|----------------------|------------------|----------------|-------------------|---------------------|--------------------------|----|
| 1. | RTC Citifare/Citilift      | 2050 Villa Nova      | 348-7433         |                | 65                | 95%                 | 35-40                    |    |
| 2. | Airport Mini Bus           | 100 Sunshine Lane    | 786-3700         |                |                   |                     |                          |    |
| 3. | Greyhound                  |                      | 800-454-2487     |                |                   |                     |                          |    |
| 4. | Sierra Nevada Bus Lines    |                      | 331-2877         |                |                   |                     |                          |    |
| 5. | Frontier Tours             |                      | 331-8687         |                |                   |                     |                          |    |
| 6. | Washoe Co. School District |                      | 353-5900         | Craig Falconer | 60-70             | 0                   | 44                       |    |
|    | <b>Mini-Buses</b>          | <b>Property Name</b> | <b>Phone No.</b> | <b>Contact</b> | <b># of Buses</b> | <b># With Lifts</b> | <b>Capacity For Each</b> |    |
| 1. | El Dorado                  |                      | 786-5700 (main)  | Security       | 3                 | 3                   | 15                       |    |
| 2. | Reno Hilton                |                      | 789-2000 (main)  | Security       |                   |                     |                          |    |
| 3. | Golden Phoenix             |                      | 785-7100 (main)  | Security       |                   |                     |                          |    |
| 4. | Silver Legacy              |                      | 329-4777 (main)  | Security       |                   |                     |                          |    |
| 5. | Circus Circus              |                      | 329-0711 (main)  | Security       |                   |                     |                          |    |
| 6. | Boomtown                   |                      | 345-6000         | Security       |                   |                     |                          |    |
| 7. | Cal Neva                   |                      | 323-1046         | Security       |                   |                     |                          |    |
| 8. | Saint Mary's               |                      | 323-2041         | Security       | 2                 |                     | 14                       | 14 |
| 9. | Harrah's                   |                      | 786-3232         | Security       |                   |                     |                          |    |

|     | <b>Ambulances</b>                         | <b>Address</b>            | <b>Phone No.</b>             | <b>Contact</b> | <b># Units</b>   | <b>Capacity For Each</b> |                          |  |
|-----|---|---------------------------|------------------------------|----------------|------------------|--------------------------|--------------------------|--|
| 1.  | REMSA                                     | 450 Edison Way            | 775-858-5700                 |                | 25               | 3                        |                          |  |
| 2.  | Fernley Ambulance                         |                           | 775-575-3377                 |                | 1ALS/1BLS        |                          |                          |  |
| 3.  | Gerlach Volunteer Ambulance               |                           | 775-557-2553<br>775-557-2569 |                | 2 ILS            |                          |                          |  |
| 4.  | Churchill Ambulance                       | Fallon, NV                | 775-423-3151 x262            |                | 3 ALS            |                          |                          |  |
| 5.  | Truckee Fire Dept.                        | Truckee, CA               | 530-582-7850                 |                | ALS              |                          |                          |  |
| 6.  | Carson City Fire Dept.                    | Carson City               | 887-2163 (EMS)               |                | ALS              |                          |                          |  |
| 7.  | North Lake Tahoe Fire Protection District | Incline Village           | 775-831-0351                 |                | 3 ALS            |                          |                          |  |
| 8.  | Tahoe-Douglas Fire Protection District    | Minden/Gardnerville       | 775-588-3591                 |                |                  |                          |                          |  |
| 9.  | American Medflight                        | Reno                      | 775-856-2003                 |                | 2 ALS            |                          | Fixed Wing               |  |
| 10. | Care Flight                               | Reno                      | 775-858-5700                 |                | 3                | 2                        | Helicopter               |  |
| 11. | Med Express Transport                     | 450 Edison Way            | 775-858-3300                 |                | 10               |                          |                          |  |
| 12. | Cal Star                                  | So. Lake Tahoe            |                              |                | 1 ALS            |                          | Helicopter               |  |
| 13. | Mountain Life Flight                      | Susanville, CA            |                              |                | 1 ALS/1 ALS      |                          | Fixed Wing<br>Helicopter |  |
|     | <b>Moving Vans</b>                        | <b>Address</b>            | <b>Phone No.</b>             | <b>Contact</b> | <b># of Vans</b> |                          |                          |  |
| 1.  | Puliz Moving & Storage                    | 1095 Standard St.<br>Reno | 775-322-7029                 |                |                  |                          |                          |  |
| 2.  | Mayflower/Sierra Moving                   |                           | 775-329-2561                 |                |                  |                          |                          |  |
| 3.  | O'Brien's Moving                          | 2277 Glendale Ave.        | 775-359-6683                 |                |                  |                          |                          |  |
| 4.  | North American Van Lines                  | 4977 Energy Way           | 775-856-6146                 |                |                  |                          |                          |  |
| 5.  | Colonial Van & Storage                    | 150 S. Stanford Way       | 775-352-8000                 |                |                  |                          |                          |  |

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|    | <b>Taxis/Vans</b>                | <b>Address</b>    | <b>Phone No.</b> | <b>Contact</b> | <b># of Taxis</b> | <b># of Vans</b>    | <b># With Lifts</b> | <b>Capacity</b> |
|----|----------------------------------|-------------------|------------------|----------------|-------------------|---------------------|---------------------|-----------------|
| 1. | Whittlesea                       | 100 Sunshine Lane | 775-322-2222     |                |                   |                     |                     |                 |
| 2. | Reno-Sparks Cab Co.              |                   | 775-333-3333     |                |                   |                     |                     |                 |
| 3. | Yellow Cab Co.                   | 2500 Prater Way   | 775-331-2500     |                |                   |                     |                     |                 |
|    | <b>ECF Vans</b>                  | <b>Address</b>    | <b>Phone No.</b> | <b>Contact</b> | <b># of Vans</b>  | <b># With Lifts</b> | <b>Capacity</b>     |                 |
| 1. | Life Care Center                 |                   | 775-851-0103     | Administration |                   |                     |                     |                 |
| 2. | Renown Progressive Care Center   |                   | 775-359-5420     | Administration |                   |                     |                     |                 |
| 3. | Renown Rehab                     |                   | 775-356-2707     | Administration |                   |                     |                     |                 |
| 4. | Hearthstone Care Center          |                   | 775-626-3224     | Administration |                   |                     |                     |                 |
| 5. | Westwood Retirement              |                   | 775-359-7700     | Administration |                   |                     |                     |                 |
| 6. | Classic Residence by Hyatt       |                   | 775-825-1105     | Administration |                   |                     |                     |                 |
| 7. | Inn at Summit Ridge              |                   | 775-787-3000     | Administration |                   |                     |                     |                 |
|    | <b>Hospital Bed Trucks/Other</b> |                   |                  |                | <b>Trucks</b>     |                     |                     |                 |
| 1. | KCI                              |                   | 885-331-5788     | Jim Martensen  | 1                 |                     | 4 Beds              |                 |
| 2. | Hill-Rom                         |                   | 800-638-2546     |                |                   |                     |                     |                 |
| 3. | Saint Mary's Take-Care-a-Van     |                   | 775-323-2041     | Security       | 1                 |                     | 2 Dental Bays       |                 |

# **Appendix C**

## Communications Plan

## **C.1 Alerting Emergency Response Agencies**

### **C.1.1 Required notifications by evacuating hospital - Immediate or Urgent**

- 911: The hospital will report either an “Immediate” or “Possible Urgent Hospital Evacuation”.
- The 911 Public Safety Answering Point (PSAP) will transfer the hospital caller to REMSA Medical Dispatch so that REMSA can activate an MCI. The PSAP will notify the Fire Department and appropriate mutual aid agencies per its protocols. The MCI notifications by REMSA Medical Dispatch include the District Health Officer’s designee and the Washoe County Emergency Manager.

### **C.1.2 Additional required notifications by evacuating and receiving hospitals - non-emergency**

- State of Nevada Bureau of Health Facilities, Licensure and Certification if the facility needs to exceed its licensed bed numbers.

Upon the arrival of emergency response agencies at the scene of the evacuating hospital, the ranking officer shall meet with the evacuating hospital Incident Commander or designee to be briefed about the nature of the incident and the extent of impact. Should a consensus be arrived at between the District Health Officer, Hospital IC, and the Public Safety agency field IC, that the hospital must be evacuated, the Public Safety agency field IC will begin the process to request a Disaster Declaration from the appropriate branch of local government and form unified command with a representative from the hospital and other public safety agencies as appropriate.

The Washoe County Emergency Manager will be responsible for notifying the Emergency Manager for the appropriate jurisdiction. Emergency managers may activate the resources of the Amateur Radio Emergency Services (ARES) or Radio Amateur Civil Emergency Services (RACES), which may be used to augment communications at the incident scene, communications with non-emergency transport vehicles, the receiving hospitals, and the evacuating hospital's internal staging area or external holding area.

## **C.2 Notification of Potential Receiving Healthcare Facilities**

Initially, REMSA Medical Dispatch shall notify appropriate healthcare facilities of the disaster incident by phone. The individual in the receiving healthcare facility or hospital shall take note of the information given, and shall acknowledge as directed. REMSA Medical Dispatch will request that each receiving hospital provide a name and contact number for the person in the receiving hospital who will be receiving in bound patient information as patients are transported to its facility.

## **C.3 Patient/Resident Transfer Communications**

Ambulances involved in the transportation of patients from the evacuating hospital to receiving hospitals shall communicate on Medical Channel frequencies assigned by field ICS or by other communications frequencies (e.g. amateur radio operators) as may be feasible.

The hospitals and REMSA have received 800 MHz radios to augment back-up communications between the hospitals, REMSA and the District Health Department should landlines and cell phones fail. A District Health Department 800 MHz talk group has been programmed onto the radios for this purpose. Communications regarding identifying patient information should be made via landline due to HIPAA issues.

Other modes of transportation being utilized for the transfer of patients to receiving hospitals, or other designated areas or facilities, may not be equipped with Med Channel Radios. Prior to departure, appropriate scene personnel will notify receiving hospitals through REMSA Medical Dispatch of the ETA of units transporting patients. "Amateur Radio" operators or others with portable communications devices may be used as an alternate means of communications for vehicles not having radio communications with REMSA Medical Dispatch.

## **C.4 Administrative Hospital-To-Hospital Communications**

Communications between hospitals shall be by regular telephone or cellular telephone whenever possible. This section lists telephone numbers for a variety of areas in each hospital, including the designated telephone numbers for hospital command posts (if assigned). Such communications should be limited during the incident as to avoid lines being tied up. Calls between hospitals may be patient information related, requests for supplies, equipment or manpower, etc. As hospital Command Centers activate, specific phone numbers for the various hospital ICS positions may be assigned by each Hospital Command Center.

### **C.5 Facsimile (Fax) Systems**

Facsimile numbers are listed for each hospital. These systems may be utilized to transmit written information such as patient records, hospital maps, or other forms of documentation.

### **C.6 Telephone Contacts**

The following pages of this Communications section show the telephone numbers for critical areas in each hospital such as the Emergency Departments, Admitting, Security, Main Switchboards and lines dedicated to the Hospital Command Center.

### **C.7 Two-way Radio Systems**

In the event of land line and cell phone failures, the 800 MHz radios purchased by the hospitals and REMSA, along with the med channel radios base radios at most of the facilities, offer a redundant communication method during an emergency. These radios allow hospitals, REMSA and the Health Department to communicate on the 800 MHz talk group dedicated for such purposes by the Washoe County District Health Department.

### **C.8 Alternate Communications**

Washoe County, City of Reno, City of Sparks, Airport Authority of Washoe County, Washoe County Sheriff's Department, City of Reno Police and Fire Departments, City of Sparks Police and Fire Departments, and each jurisdiction's Director of Emergency Management may be called upon to provide additional communications resources, command posts, and to activate amateur (Ham) radio resources.

**C.9 Individual Hospital Communications Information**

**ST. MARY'S REGIONAL MEDICAL CENTER**

| <b>ACCESS: PHONE/FAX</b> | <b>PHONE</b> | <b>FAX</b>   |
|--------------------------|--------------|--------------|
| Switchboard/PBX          | 775-770-3000 | N/A          |
| Nursing Administration   | 775-770-3012 | 775-770-3671 |
| Security Department      | 775-770-3135 | 775-324-7809 |
| Safety Department        | 775-770-3276 | 775-324-7809 |
| Admitting                | 775-770-6559 | 775-770-6171 |
| Emergency Department     | 775-770-3188 | 775-770-3490 |
| Operations Center        | 775-770-3761 | 775-770-3737 |

**RENOWN REGIONAL MEDICAL CENTER**

| <b>ACCESS: PHONE/FAX</b> | <b>PHONE</b> | <b>FAX</b>   |
|--------------------------|--------------|--------------|
| Switchboard/PBX          | 775-982-4100 |              |
| Nursing Administration   | 775-982-4629 | 775-982-4629 |
| Security Department      | 775-982-5514 | 775-982-5990 |
| Safety Department        | 775-982-4135 |              |
| Admitting                | 775-982-5497 |              |
| Emergency Department     | 775-982-4144 |              |
| Operations Center        | 775-982-6891 | 775-982-6890 |

**INCLINE VILLAGE COMMUNITY HOSPITAL**

| <b>ACCESS: PHONE/FAX</b> | <b>PHONE</b>                | <b>FAX</b>   |
|--------------------------|-----------------------------|--------------|
| Switchboard/PBX          | 775-833-4100 or<br>832-3810 | 775-831-2790 |
| Nursing Administration   | 775-833-4100 Ext 214        | 775-832-3800 |
| Security Department      | 775-833-4100                |              |
| Safety Department        | 775-833-4100                |              |
| Admitting                | 775-833-4100 Ext 213        | 775-831-2790 |
| Emergency Department     | 775-833-4100 Ext.<br>212    | 775-831-2790 |
| Operations Center        | 775-833-4100                |              |

**RENOWN REHAB HOSPITAL**

| <b>ACCESS: PHONE/FAX</b> | <b>PHONE</b> | <b>FAX</b>   |
|--------------------------|--------------|--------------|
| Switchboard/PBX          | 775-982-3500 |              |
| Nursing Administration   | 775-982-3505 | 775-329-5664 |
| Security Department      | 775-982-7777 |              |
| Safety Department        | 775-982-3596 |              |
| Admitting                | 775-982-3510 |              |
| Emergency Department     | N/A          |              |
| Operations Center        | 775-982-3505 | 775-348-4696 |

**VA MEDICAL CENTER**

| <b>ACCESS: PHONE/FAX</b> | <b>PHONE</b>                        | <b>FAX</b>   |
|--------------------------|-------------------------------------|--------------|
| Switchboard/PBX          | 775-786-7200<br>After hrs: 328-1247 |              |
| Nursing Administration   | 775-328-1497                        | 775-334-4163 |
| Security Department      | 775-328-1234                        |              |
| Safety Department        | 775-328-1472                        |              |
| Admitting                | 775-328-1294                        |              |
| Emergency Department     | 775-328-1297                        | 775-328-1783 |
| Operations Center        | 775-328-1450                        | 775-328-1447 |

**RENOWN SOUTH MEADOWS**

| <b>ACCESS: PHONE/FAX</b> | <b>PHONE</b> | <b>FAX</b>   |
|--------------------------|--------------|--------------|
| Switchboard/PBX          | 775-982-7000 |              |
| Nursing Administration   | 775-982-7020 | 775-982-7027 |
| Security Department      | 775-982-7777 |              |
| Safety Department        | -----        |              |
| Admitting                | 775-982-7056 | 775-982-7356 |
| Emergency Department     | 775-982-7373 | 775-982-7340 |
| Operations Center        | 775-982-7181 | 775-982-7079 |

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**TAHOE PACIFIC WEST**

| <b>ACCESS: PHONE/FAX</b> | <b>PHONE</b> | <b>FAX</b>   |
|--------------------------|--------------|--------------|
| Switchboard/PBX          | 775-770-7988 | 775-770-7976 |
| Nursing Administration   |              |              |
| Security Department      |              |              |
| Safety Department        |              |              |
| Admitting                |              |              |
| Operations Center        | N/A          | N/A          |

**TAHOE PACIFIC SOUTH MEADOWS**

| <b>ACCESS: PHONE/FAX</b> | <b>PHONE</b> | <b>FAX</b>   |
|--------------------------|--------------|--------------|
| Switchboard/PBX          | 775-326-6148 | 775-326-6185 |
| Nursing Administration   |              |              |
| Security Department      |              |              |
| Safety Department        |              |              |
| Admitting                |              |              |
| Operations Center        | N/A          | N/A          |

**NORTHERN NEVADA MEDICAL CENTER**

| <b>ACCESS: PHONE/FAX</b> | <b>PHONE</b> | <b>FAX</b>   |
|--------------------------|--------------|--------------|
| Switchboard/PBX          | 775-331-7000 |              |
| Nursing Administration   | 775-356-4008 | 775-356-4932 |
| Security Department      | N/A          |              |
| Safety Department        | 775-356-4085 |              |
| Admitting                | 775-356-4961 |              |
| Emergency Department     | 775-356-4040 | 775-356-4943 |
| Operations Center        | 775-356-4001 | 775-356-4986 |

# **Appendix D**

## Patient Evacuation Tracking Sheet

Evacuating Hospital Name \_\_\_\_\_

### PATIENT EVACUATION TRACKING SHEET

Medical Record # \_\_\_\_\_

Patient Name: \_\_\_\_\_ Room/Bed Number: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ Isolation Type: \_\_\_\_\_ Reason: \_\_\_\_\_

Allergies: \_\_\_\_\_ DNR status: \_\_\_\_\_ Mental Status: \_\_\_\_\_

#### PATIENT INFORMATION (To be completed prior to movement from the department)

|                    |               |                  |                  |  |  |
|--------------------|---------------|------------------|------------------|--|--|
| Medical Record     | Sent w/Pt ( ) | Not sent ( )     | _____            |  |  |
| Patient Belongings | Sent w/Pt ( ) | Left in Room ( ) | None listed ( )  |  |  |
| Patient Valuables  | Sent w/Pt ( ) | Left in Safe ( ) | No Valuables ( ) |  |  |
| Patient Meds       | Sent w/Pt ( ) | Left on Unit ( ) | To Pharmacy ( )  |  |  |

Arrived at receiving facility?

Y/N Initial

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

#### EQUIPMENT

|                    | Sent | Arrived at receiving facility? |         |                  | Sent | Arrived at receiving facility? |         |
|--------------------|------|--------------------------------|---------|------------------|------|--------------------------------|---------|
|                    | ( )  | Y/N                            | Initial |                  | ( )  | Y/N                            | Initial |
| Hospital Bed       | ( )  | _____                          | _____   | Stretcher/Gurney | ( )  | _____                          | _____   |
| Oxygen             | ( )  | _____                          | _____   | Ortho Traction   | ( )  | _____                          | _____   |
| Cardiac monitor    | ( )  | _____                          | _____   | Wheelchair       | ( )  | _____                          | _____   |
| IV Pumps           | ( )  | _____                          | _____   | Ventilator       | ( )  | _____                          | _____   |
| Portable Incubator | ( )  | _____                          | _____   | Other            | ( )  | _____                          | _____   |

Patient Identification Band Confirmed: Yes ( ) No ( ) By (Name): \_\_\_\_\_

Evacuating Hospital information completed by (Name): \_\_\_\_\_

#### INTERNAL STAGING AREA AT EVACUATING FACILITY (To be completed prior to transport from evacuating hospital)

Time Arrived at Staging Area (from Floor): \_\_\_\_\_ Received By (Name): \_\_\_\_\_

Destination: \_\_\_\_\_ Time patient left hospital: \_\_\_\_\_

Transport Agency: \_\_\_\_\_ Name of person assuming care of patient: \_\_\_\_\_

#### TRANSPORTATION (To be completed by transportation crew)

Names of hospital staff accompanying patient if applicable: \_\_\_\_\_

Evacuating hospital: \_\_\_\_\_ Time Depart: \_\_\_\_\_ Received by: \_\_\_\_\_

Destination facility: \_\_\_\_\_ Time Arrived \_\_\_\_\_ Received by: \_\_\_\_\_

#### RECEIVING FACILITY (To be completed at time of check in)

Time Checked in: \_\_\_\_\_ Initial Care Location: \_\_\_\_\_

By (Name): \_\_\_\_\_ (Complete Shaded Boxes for Pt. Information and Equipment above)

*Top Copy* – to accompany Patient - Receiving Hospital returns completed top copy to Evacuating Hospital Operations Chief

*Middle Copy* – for Receiving Hospital

*Bottom Copy* – to remain at Evacuating Hospital

# **Appendix E**

## **Supportive Groups and Suppliers**

**E.1 Supportive Groups**

| E.1   | <b>Supportive Groups</b>  |             |              |            |  |                                |  |
|---|---|-------------|--------------|------------|--|--------------------------------|--|
| <b>AGENCY</b>   | <b>ADDRESS</b>  | <b>CITY</b> | <b>STATE</b> | <b>ZIP</b> | <b>PHONE</b>                             | <b>FAX</b>                     |  |
| <b>Nursing Pools</b>                                      |   |             |              |            |  |                                |  |
| <b>Complete Care Health Services</b>                      | 4790 Caughlin Pkwy, #16<br>Attn: Maribess Johnson               | Reno        | NV           | 89511      | 775 849-2225<br>530 587-1351             | 775 849-2203<br>530 582-9496   |  |
| <b>Gentiva Health Services Corp. (Home Health)</b>        | 4900 Mill Street, Suite #3<br>Attn: Cindy Brown                 | Reno        | NV           | 89502      | 775 858-1900                             | 775 858-1908                   |  |
| <b>Tahoe Forest Home Health Services</b>                  | 10098 Pine Avenue   | Truckee     | CA           | 96161      | 775 833-9632<br>530 582-3244             | 530 582-3211                   |  |
| <b>Medical Staffing Network</b>                           | 6490 S McCarran, Bldg D-1<br>Suite 33<br>Attn: Lisa Shipley     | Reno        | NV           | 89509      | 775 348-5007                             | 775 348-5002                   |  |
| <b>Maxim HealthCare Services</b>                          | 333 Holcomb Ave, Ste #102<br>Attn: Matt Peterson                | Reno        | NV           | 89502      | 775 348-9600                             | 775 348-9601                   |  |
| <b>Nurse Finders</b>                                      | 4535 W Sahara, Ste #110<br>Attn: Rebecca Brader<br>(Reno/Tahoe) | Las Vegas   | NV           | 89102      | 866 294-3959<br>702 265-9785             | 702 267-6299                   |  |
| <b>Emergency Medical Technicians</b>                      |   |             |              |            |  |                                |  |
| <b>Washoe County Search and Rescue--To activate call:</b> |   |             |              |            |  |                                |  |
| <b>Washoe County Sheriff's Office</b>                     | 911 Parr Blvd.<br><br>Lt. Marshall Emerson                      | Reno        | NV           | 89503      | 785-4629 Dispatch<br><br>328-2196 Office | 325-6912<br><br>Pager 861-3130 |  |
| <b>Suppliers</b>  |   |             |              |            |  |                                |  |
| <b>Resource Type and Supplier Name</b>                    |   |             |              |            |  |                                |  |
| Air Handling Equipment                                    |   |             |              |            |  |                                |  |

DBOH Revisions approved 7/26/07 and effective 12/1/07

|  |                                 |                |    |       |                                 |                 |
|--|---------------------------------|----------------|----|-------|---------------------------------|-----------------|
| <b>Clark &amp; Sullivan Constructors, Inc.</b> | 905 Industrial Way              | Sparks         | NV | 89431 | 775 355-8500                    |                 |
| <b>Q &amp; D Construction</b>                  | 11555 S. Virginia Street        | Reno           | NV | 89511 | 775 853-6717                    |                 |
| <b>Bedding and Linen</b>                       |                                 |                |    |       |                                 |                 |
| <b>Assoc. Laundry Mgmt</b>                     | 250 Burge Road                  | Reno           | NV | 89506 | 775-329-6433                    |                 |
| <b>Mission Industries</b>                      | 1161 Fairview Drive             | Carson City    | NV | 89701 | 775 882-9330                    | 775 882-8990    |
|  |                                 |                |    |       | ↑Lou Hadbrick GM                |                 |
| <b>Medline</b>                                 | One Medline Place               | Mundelein      | IL | 60060 | 775 352-3052                    | Dave Pearce     |
|  |                                 |                |    |       | 775 747-6718 - after hours      |                 |
| <b>Beds/Mattress</b>                           |                                 |                |    |       |                                 |                 |
| <b>KCI</b>                                     | 1360 Greg S., Suite. #106       | Reno           | NV | 89431 | 775 331-5788                    | 775 331-0695    |
|  | Yolanda Crobarger, RN           |                |    |       | 800 275-4524 - after hours      |                 |
| <b>Hill-Rom</b>                                | 1430 Greg Street, #507          | Sparks         | NV | 89431 | 800 638-2546                    | 925 735-6650    |
|  |                                 |                |    |       | (svc/sales)                     | Kathy Reder, RN |
| <b>Blood</b>                                   |                                 |                |    |       |                                 |                 |
| <b>United Blood Services</b>                   | 1125 Terminal Way               | Reno           | NV | 89502 | 775 329-6451                    |                 |
|  |                                 |                |    |       | 775 785-7603 2 <sup>nd</sup> #  |                 |
| <b>Cell Phones</b>                             |                                 |                |    |       |                                 |                 |
| <b>AT&amp;T Wireless</b>                       | 200 S Rock Blvd                 | Reno           | NV | 89502 | 775 856-2882                    |                 |
|  |                                 |                |    |       | 800 696-5433 - after hours      |                 |
| <b>Verizon Wireless</b>                        | 5000 Smithridge Drive Suite#A-1 | Reno           | NV | 89511 | 775 829-1848                    |                 |
|  |                                 |                |    |       | 800 922-0204 - Customer Service |                 |
| <b>Nextel Communications</b>                   | 23048 Oddie Blvd                | Sparks         | NV | 89434 | 775 359-6555                    |                 |
|  |                                 |                |    |       | 800 639-8359 - after hours      |                 |
| <b>Food Services</b>                           |                                 |                |    |       |                                 |                 |
| <b>Cysco</b>                                   | 7062 Pacific Avenue             | Pleasant Grove | CA | 95668 | 775 825-5011                    |                 |
|  |                                 |                |    |       | 866 552-9726 - after hours      |                 |

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|  |                              |             |    |       |   |                   |
|--|------------------------------|-------------|----|-------|---|-------------------|
| <b>US Food Service</b>                           | 850 North Hills Blvd.        | Reno        | NV | 89506 | 775 971-1200                                | Wendy Gabler      |
| Labs   |                              |             |    |       |   |                   |
| <b>Quest Diagnostics</b>                         | 343 Elm Street, #305         | Reno        | NV | 89503 | 775 788-5777                                | 775 356-4033      |
|  |                              |             |    |       | ↑Brenda                                     |                   |
| <b>LabCorp</b>                                   | 890 Mill Street, Suite #105  | Reno        | NV | 89502 | 800 794-3930                                |                   |
|  |                              |             |    |       | 775 334-3400                                |                   |
| Laundry Services                                 |                              |             |    |       |   |                   |
| <b>Mission Industries</b>                        | 1161 Fairview Drive          | Carson City | NV | 89701 | 775 882-9330                                | 775 882-8990      |
| Medical Supplies                                 |                              |             |    |       |   |                   |
| <b>Allegiance Health Care</b>                    | 1 Baxter Pkwy.               | Deerfield   | IL | 66005 | 800 964-5227                                |                   |
| <b>Owens and Minor</b>                           | 6150 Las Positas Road        | Livermore   | CA | 94550 | 800 606-5946                                | 916 615-5129 -pgr |
|  |                              |             |    |       | ↑Larry Sapp or Jennifer Domanique           |                   |
| <b>Professional Hospital Supply North (PHSN)</b> | 2100 Courage Drive           | Fairfield   | CA | 94533 | 707-429-2884 off., Tom Carroll 209-736-1285 |                   |
| Pharmaceuticals                                  |                              |             |    |       |   |                   |
| <b>Cardinal Health</b>                           | 3238 Dwight Road             | Elk Grove   | CA | 95758 | 916 394-3105                                | 800 678-7889      |
|  |                              |             |    |       | Lisa Vierra                                 |                   |
| <b>Arlington Clinical</b>                        | 236 W 6 <sup>th</sup> Street | Reno        | NV | 89503 | 775 323-1846                                |                   |
| <b>Don's Pharmacy</b>                            | 501 Ralston Street           | Reno        | NV | 89503 | 775 329-2000                                |                   |
| Portable Bathrooms                               |                              |             |    |       |   |                   |
| <b>Johnny on the Spot</b>                        | P.O. Box 575                 | Sparks      | NV | 89431 | 775 826-5646 M. Enos                        |                   |
| <b>Sani-Hut</b>                                  | 1325 E. Greg Street          | Sparks      | NV |       | 775 358-6720                                | 775 882-7973      |
| Portable Gen/Light/Extension cords/Portable Heat |                              |             |    |       |   |                   |
| <b>Smith Detroit Diesel-Allison</b>              | 8 Glendale Ave.              | Sparks      | NV | 89431 | 775 359-1713                                |                   |
| <b>US Rentals</b>                                | 790 Glendale Ave.            | Sparks      | NV | 89431 | 775 359-6660 - 24 hr                        |                   |
| Portable Oxygen & Regulator Supplies             |                              |             |    |       |   |                   |
| <b>Sierra Welding</b>                            | 1300 Glendale Ave.           | Sparks      | NV | 89431 | 775 359-4455                                |                   |
| <b>Interwest Home Medical</b>                    | 1395 Greg Street, #108       | Sparks      | NV | 89431 | 775 355-9696                                |                   |
| Water Supplies                                   |                              |             |    |       |   |                   |
| <b>Crystal Springs Water</b>                     | 901 S Center Street          | Reno        | NV | 89501 | 775 323-4710                                |                   |
| <b>Model Dairy</b>                               | 500 Gould Street             | Reno        | NV | 89502 | 775 788-7900 J. Breslin                     | 775 322-1570      |
| <b>Swire Classic Vending</b>                     | 675 Cola Court               | Sparks      | NV | 89434 | 775-353-4800                                |                   |

# **Appendix F**

## **Position Checklist**

## **F.1. MAEA Hospital Agency Representative Checklist**

Title: Evacuating Hospital Agency Representative  
Assigned By: Evacuating Hospital  
Subordinates: Deputy Agency Representatives if Desired  
Reports To: Incident Commander or Liaison Officer

Responsibilities: Participate in Unified Command to speak with full authority and make decisions on all matters affecting the hospital's participation, participate in providing information for public information and media releases, present agency issues or concerns to the field command staff, share incident management information with the hospital Incident Commander on an ongoing basis, participate in the development of the field Incident Action Plan objectives and goals. The Evacuating Hospital Agency Representative will request that a hospital staff person serve as a technical specialist in the field within the Medical Branch to coordinate appropriate transfer method, level of care of patients, staffing and equipment upon their departure from the evacuating hospital.

### Duties:

1. Check in at the field Incident Command Post and request to participate in Unified Command.
2. Obtain a briefing from the Incident Commander (IC) or Liaison Officer
3. Brief IC on internal evacuation preparations and staging areas, designated access and egress areas for evacuation of patients and ingress of response personnel, special agency needs, and any need for additional personnel to assist the hospital with internal evacuation preparations.
4. Offer the assistance of a hospital planning technical specialist to work with the Operations Medical Branch/Group on specific tactical requirements for the appropriate staffing and method of evacuation for hospital patients and the appropriate hospital destination.
5. Inform any other hospital personnel on scene and the hospital Incident Commander that you have arrived at the field command post and are filling the agency representative position.
6. Initiate and maintain unit log ICS 214.
7. Attend planning meetings.
8. Cooperate fully with the IC and General Staff on your hospital's involvement in the incident and provide input on the field Incident Action Plan to the Hospital Incident Commander.
9. Clarify if a joint information center is being set up and share that information with your hospital PIO.
10. If the incident is likely to exceed an initial operational period, make plans early on for your replacement, and provide a briefing upon their arrival.
11. Report incident information to your hospital command center on a routine basis and as needed.
12. Oversee the well-being and safety of hospital personnel who accompany patients en route to receiving hospitals.
13. Ensure that all evacuating hospital agency personnel and/or transferred equipment and supplies have been accounted for prior to departing the field command post.
14. Ensure all forms/reports required by the IC are completed prior to departure.
15. Request a debriefing with the IC or Liaison Officer prior to your departure.

## F. 2. MAEA Hospital Planning Technical Specialist Checklist

- Title: Hospital Planning Technical Specialist  
Assigned By: Evacuating Hospital  
Subordinates:  
Reports To: Incident Commander or Liaison Officer [Requests to be assigned to the Medical Branch in Operations or the Planning Section (if filled)]
- Responsibilities: Provides technical expertise on the Washoe County District Board of Health's Mutual Aid Evacuation Annex of the Multi-Casualty Incident Plan (MCIP), and tactical information on the hospital patients' medical acuity, requirements for transportation, staffing and equipment. Works closely with the Patient Transportation Group Supervisor in the Medical Branch to coordinate patient needs and the development of the field operations plan for patient transportation to receiving hospitals in the community. Acts as a liaison with the evacuating hospital's Operations and Planning Sections to obtain updated information on patients, hospital internal staging areas, hospital personnel in charge of internal staging areas, and the methods available to communicate with hospital staff.
- Duties:
1. Check in with Incident Command or Liaison Officer and request to be assigned to the Operations Section (Medical Branch Director or Patient Transportation Group Supervisor if those positions are filled).
  2. Determine if a field hospital agency representative is on scene and advise him/her you have arrived on scene and of your assignment.
  3. Obtain a briefing from the Medical Branch Director if assigned to the Medical Branch.
  4. Provide tactical information to the Medical Branch and Patient Transportation Group Supervisor on the number and types, medical acuity, staffing and equipment needs of the patients to be evacuated.
  5. In liaison with the evacuating hospital's Planning Section complete the "Hospital Evacuation Planning Worksheet" from the Mutual Aid Evacuation Annex (MAEA) of the MCIP. Provide the form to Medical Branch Personnel so they can complete the "Field Evacuation Transportation Planning Worksheet" from the MAEA.
  6. Complete Unit Log 214
  7. Act as a liaison with the evacuating hospital's Planning Section and obtain updated information as needed.
  8. Assist in the development of the Operations Section tactical plan, or the Incident Action Plan as requested.
  9. If the incident is likely to exceed an initial operational period, make plans early on for your replacement, and provide a briefing upon their arrival.
  10. As requested, assist incident personnel or the Regional Emergency Operations Center Medical Unit and the Red Cross in the development of a field family assistance center for those family members who respond to the scene and request information on the location and well being of patients or hospital personnel.
  11. Ensure all required forms/reports are completed prior to departure.
  12. Request a debriefing with your immediate supervisor on scene prior to departure, and notify the agency representative on scene that incident personnel have released you.