

MUTUAL AID EVACUATION ANNEX

Healthcare Evacuation Plan for Washoe
County


Washoe County MCIP

- The goal of the MCIP is to provide procedural guidelines for rapid and effective patient assessment (triage), treatment and transportation to the appropriate care facilities.
- Activation of the MCIP & notification to area hospitals occurs when 10 or more victims are simultaneously involved.




Mutual Aid Evacuation Annex (MAEA)

- The MAEA is an annex to the MCIP that specifically addresses medical facility evacuations.



The MAEA coordinates transportation and care of patients who have been evacuated from a Washoe County medical facility in a qualified disaster.



There is minimal disruption to the delivery of acute emergency care to the community.

Basic Assumptions

- The Regional Emergency Operations Center (REOC) will be activated.
- Emergency departments will not be receiving sites for the evacuation.
- The evacuation hospital is at 100% capacity, with 10% census reduction by discharge.
- All transfers will be to facilities with similar services.
- Non-ambulance transports may be used.
- Special care patients will be sent directly to receiving hospitals and not to external holding areas.
- Member hospitals agree to make their “best effort” to accommodate the patients agreed upon in the MAEA.

Patient Categories

- Type 1 – Red
Special Equipment/Staff Required
(Ventilators, etc.)
- Type 2 – Yellow
Non-ambulatory, bed/gurney
- Type 3 – Blue
Wheelchair
- Type 4 – Green
Ambulatory



HOSPITAL EVACUATION PLANNING WORKSHEET

Date: _____ Time: _____ Hospital Transportation Unit Leader: _____

Category of Hospital Evacuation

_____ Immediate _____ Urgent

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

Evacuation Preparation

- The HPTS will utilize the “Initial Patient Acceptance Overview” (or HAvBED) to determine patient destination and appropriate hospital/bed assignment for each evacuated patient.
- Evacuating hospital personnel will use the DMS Evac1-2-3 system to tag and track all evacuated patients.

Appendix D - Initial Patient Acceptance Overview (after census reduction)

Type of patient that can be accepted:	Renown Regional Med Ctr	Incline Village Comm. Hospital	VA Medical Center	Northern Nevada & Tahoe Pacific North	St. Mary's Regional Medical Center	Renown Rehab Hospital	Renown South Meadows & Tahoe Pacific Meadows	Barton Memorial Hospital	Tahoe Forest Hospital	Carson Valley Medical Center	Carson Tahoe Regional Medical Center
ICU (Med/Surg)	25	0	2	4 / 2	11	0	6 / 3	2	1	2	4
Cardiac Care Unit	19	0	0	0 / 1	0	0	0 / 2	0	0	0	4
Cardiac Surgery	4	0	0	0 / 0	2	0	0 / 0	0	0	0	0
Telemetry/SD/Cardiac	12	0	0	0 / 1	14	0	15 / 1	0	0	0	0
<u>Critical Care Subtotal</u>	60	0	2	4 / 4	27	0	21 / 6	2	1	2	8
Telemetry/SD/Med-Surge	18	0	0	8 / 2	0	0	0 / 2	2	1	2	3
Surgical (Ortho/Neuro/GSU)	46	1	3	5 / 1	45	25	0 / 2	2	0	1	4
Oncology	10	0	0	0 / 0	7	0	0 / 0	0	0	0	2
Medical/General	22	1	2	0 / 2	22	25	15 / 2	4	3	3	6
<u>Med-Surg/Tele Subtotal</u>	96	2	5	13 / 5	74	50	15 / 6	8	4	6	14
IC Nursery	20	0	0	0 / 0	16	0	0 / 0	0	0	0	0
Pediatric ICU	3	0	0	0 / 0	0	0	0 / 0	0	0	0	0
Pediatrics	4	0	0	0 / 0	12	0	0 / 0	2	0	0	3

EVACUEE

Date / /

Patient's Name Room #

Situation

Background

Assessment

Recommendation

Release patient to home or family

Recommended mode of transport:
 ALS BLS CCT NICU Bus/Van

Family Notified: Yes No
Family Emergency Contact(s):
Name: Phone:
Name: Phone:

Attn: Receiving Facility
3 Tear-Off & Retain This Receipt when Patient Arrives

Tear in half / **Romper por la mitad**

Attach This to Patient / **Adjuntar al Paciente**

Patient _____
MR Number _____
Age _____ Sex M F

ISOLATION

Resp. Fluid Contact

DNR Property Allergies

Notes:

CATEGORY TYPE

Red 1	Yellow 2	Blue 3	Green 4
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Originating Facility

Facility _____
Address _____

DMS-0984 Evac/1286 System Tag
Evacuation Tag for
Health Needs Hospitals
TriageTags.com - Rev 6-11-15
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Stick This on Door / **Pegar en la Puerta**

 _____

 _____

 _____

Resources Needed:

Bariatric

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No-Order DMS-05694 - Rev 6-11-15
TriageTags.com

Origination

Patient _____
MR Number _____
Age _____ Sex M F

3

Remove and Keep Yellow Receipt when Patient Leaves Room / **Extraiga y Guarde Recibo Amarillo Cuando el Paciente Deja la Habitación**

Destination

Patient _____
MR Number _____
Age _____ Sex M F

2

Room/Dest.

Patient _____
MR Number _____
Age _____ Sex M F

1

Attn: Evacuation Personnel
1 Tear-Off & Retain This Receipt as Patient is Evacuated from Room

Attn: Transportation Officer
2 Tear-Off & Retain this Receipt as Patient Boards for Destination

ADHESIVE

ADHESIVE

ADHESIVE



Patient Name

Patient Name

1

Room Evacuation Receipt Holder

Originating Facility: _____ Incident: _____ Page _____ of _____

Completed By: _____ Date: ____/____/____ Time: ____:____

Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van Notes: <input type="radio"/> VENT <input type="radio"/> MONITOR <input type="radio"/> PUMP <input type="radio"/> Bed <input type="radio"/> Other _____ <input type="radio"/> Other _____
Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van Notes: <input type="radio"/> VENT <input type="radio"/> MONITOR <input type="radio"/> PUMP <input type="radio"/> Bed <input type="radio"/> Other _____ <input type="radio"/> Other _____
Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van Notes: <input type="radio"/> VENT <input type="radio"/> MONITOR <input type="radio"/> PUMP <input type="radio"/> Bed <input type="radio"/> Other _____ <input type="radio"/> Other _____
Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van Notes: <input type="radio"/> VENT <input type="radio"/> MONITOR <input type="radio"/> PUMP <input type="radio"/> Bed <input type="radio"/> Other _____ <input type="radio"/> Other _____
Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van Notes: <input type="radio"/> VENT <input type="radio"/> MONITOR <input type="radio"/> PUMP <input type="radio"/> Bed <input type="radio"/> Other _____ <input type="radio"/> Other _____

1 Room Evacuation



Placed strategically throughout the facility, each Room Evacuation Kit holds up to 20 room evacuation receipt holders to track 100 patients. DMS-05880



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HICS 255 Master Patient Evacuation Tracking & Transportation Receipt Holder - Northern Nevada

Page of Originating Facility: Date / / Time :Incident Name: HPTS: PTGS: Disposition: Home Transfer
 ALS BLS CCT NICU Bus/Van
Destination: Arrival ConfirmedTime Destination Contacted and Report Given: :Transfer Time: :

Category Type

Sent Via:
 1 - RED
 2 - YELLOW
 3 - BLUE
 4 - GREEN

Admission Location:

(Floor • ICU • ER)

 Medication Sent Family Notified

 Medical Records Sent
Time If Expired Disposition: Home Transfer
 ALS BLS CCT NICU Bus/Van
Destination: Arrival ConfirmedTime Destination Contacted and Report Given: :Transfer Time: :

Category Type

Sent Via:
 1 - RED
 2 - YELLOW
 3 - BLUE
 4 - GREEN

Admission Location:

(Floor • ICU • ER)

 Medication Sent Family Notified

 Medical Records Sent
Time If Expired Disposition: Home Transfer
 ALS BLS CCT NICU Bus/Van
Destination: Arrival ConfirmedTime Destination Contacted and Report Given: :Transfer Time: :

Category Type

Sent Via:
 1 - RED
 2 - YELLOW
 3 - BLUE
 4 - GREEN

Admission Location:

(Floor • ICU • ER)

 Medication Sent Family Notified

 Medical Records Sent
Time If Expired Disposition: Home Transfer
 ALS BLS CCT NICU Bus/Van
Destination: Arrival ConfirmedTime Destination Contacted and Report Given: :Transfer Time: :

Category Type

Sent Via:
 1 - RED
 2 - YELLOW
 3 - BLUE
 4 - GREEN

Admission Location:

(Floor • ICU • ER)

 Medication Sent Family Notified

 Medical Records Sent
Time If Expired Disposition: Home Transfer
 ALS BLS CCT NICU Bus/Van
Destination: Arrival ConfirmedTime Destination Contacted and Report Given: :Transfer Time: :

Category Type

Sent Via:
 1 - RED
 2 - YELLOW
 3 - BLUE
 4 - GREEN

Admission Location:

(Floor • ICU • ER)

 Medication Sent Family Notified

 Medical Records Sent
Time If Expired

2

Transportation



Used in the patient loading area, the HICS compliant Transportation Kit can document the transportation of up to 100 patients. DMS-05860

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HICS 255 Master Patient Evacuation Tracking & Transportation Receipt Holder

Page 1 of 5

Originating Facility: **St. Johns**Date: **5/7/14** Time: **09:32**Incident Name: **Blue River**Patient Tracking Manager: **Mike Higgins**

Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van
Destination: Stardard AC <input type="radio"/> Arrival Confirmed	Time Destination Contacted and Report Given: 10:20
Transfer Time: 30:52	Category Type
Sent Via: AMR 126	<input type="radio"/> 1 - RED <input type="radio"/> 2 - YELLOW <input type="radio"/> 3 - BLUE <input type="radio"/> 4 - GREEN
Admission Location: Floor	<input type="radio"/> Medication Sent <input type="radio"/> Family Notified <input type="radio"/> Medical Records Sent
Time If Expired <input type="text"/>	<input type="radio"/> IMMEDIATE <input type="radio"/> DELAYED <input type="radio"/> NONE <input type="radio"/> EXPANDED

Evacuation Destination Receipt Holder

Incident Name:

Page of

Completed By:

Date / / Time

	Patient Name: <input type="text"/>	Originating Facility: <input type="text"/>
	Sent To: <input type="text"/>	<input type="radio"/> Family Notified
	Notes:	<input type="radio"/> w/Staff <input type="radio"/> w/EQ <input type="radio"/> DNR <input type="radio"/> ISO
	<input type="radio"/> Web EOC	
	Patient Name: <input type="text"/>	Originating Facility: <input type="text"/>
	Sent To: <input type="text"/>	<input type="radio"/> Family Notified
	Notes:	<input type="radio"/> w/Staff <input type="radio"/> w/EQ <input type="radio"/> DNR <input type="radio"/> ISO
	<input type="radio"/> Web EOC	
	Patient Name: <input type="text"/>	Originating Facility: <input type="text"/>
	Sent To: <input type="text"/>	<input type="radio"/> Family Notified
	Notes:	<input type="radio"/> w/Staff <input type="radio"/> w/EQ <input type="radio"/> DNR <input type="radio"/> ISO
	<input type="radio"/> Web EOC	
	Patient Name: <input type="text"/>	Originating Facility: <input type="text"/>
	Sent To: <input type="text"/>	<input type="radio"/> Family Notified
	Notes:	<input type="radio"/> w/Staff <input type="radio"/> w/EQ <input type="radio"/> DNR <input type="radio"/> ISO
	<input type="radio"/> Web EOC	

3 Destination



Used by the destination facility, the Destination Kit can document the receiving of 50 patients.
DMS-05861



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