

**Annex A**

**Regional Coordination Plan**

**For Evacuation & Receiving Events**

**Region H Healthcare Preparedness Coalition**  
**Revised 6/27/2017**

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# 1. Introduction

## 1.1. Purpose

The purpose of the Coalition Evacuation and Receiving Coordination Plan is to:

- A. Provide a regional healthcare sector framework for coordinating, integrating, and administering healthcare evacuation and receiving plans and related programs of local, state, and federal programs.
- B. Identify the roles, responsibilities and actions required of local Healthcare Organizations (HCOs) and other agencies in preparing for and responding to incidents involving healthcare evacuations.
- C. Ensure a coordinated response by local, state and federal governments by the use of the NIMS in managing healthcare evacuation; to save lives, prevent injuries, protect property and the environment, and to return the affected area to a state of normalcy as quickly as possible.
- D. Provide for the integration and coordination of volunteer agencies and private organizations involved in emergency healthcare evacuation response and recovery efforts.

This Coalition Evacuation and Receiving Coordination Plan will be combined and coordinated with other regional plans under the Emergency Support Function 8 - Public Health and Medical Services Annex to provide public health and medical emergency response direction to state, local, tribal and volunteer agencies, as well as the private sector in the event that requires the healthcare sector to evacuate or receive patients.

## 1.2. Scope

The Coalition Evacuation and Receiving Coordination Plan uses an all-hazard approach addressing a full range of complex and constantly changing healthcare requirements in anticipation of or in response to threats or acts of major disasters (natural, man-made, or technological), terrorism, and other emergencies that involves a healthcare evacuation of regional healthcare assets. The Coalition Evacuation and Receiving Coordination Plan does not specifically address long-term healthcare recovery measures. The Coalition Evacuation and Receiving Coordination Plan also references coordination of healthcare agencies with State and Federal partners.

## 2. Assumptions

- 2.1. This Coalition Evacuation and Receiving Coordination Plan will be used in conjunction with the Region H Healthcare Preparedness Coalition EOP and will operate alongside individual facility plans for evacuation or receiving of patients and other individual facility emergency plans that are activated to respond to the incident.
- 2.2. Regardless of the size or location of the affected healthcare facility, regional coordination may occur.
- 2.3. If the Regional Coordinating Hospital must evacuate, an unaffected Regional Coordinating Hospital will coordinate the Coalition regional response.
- 2.4. An evacuation may need to occur without warning and discharging of patients may not be possible. Therefore when planning the number of patients to be evacuated, assume there will be no discharges resulting in a worst case projection of the number of patients.
- 2.5. An on-scene Transportation Coordinator should be designated by evacuating facility(s) to assist with coordinating the transport of patients.
- 2.6. The local EMAs Emergency Operations Centers (EOC) may be activated when a facility in a region is evacuating. The local EMA may be available to assist with the coordination of transportation, fuel for patient transport vehicles, and other identified needs using the resources, assets, and logistic capabilities of the local Emergency Management Agency and the community.
- 2.7. In some cases evacuation of a healthcare organization may not be the best action. Shelter-in-place is a rapid and effective means of protecting facility occupants from an external or internal threat. Because of the risks associated with moving hospitalized and institutionalized patients, it is preferable to shelter-in-place, or conduct horizontal or vertical evacuations within the facility, when possible. However, some types of events will necessitate the evacuation of patients to other facilities within or outside of the community.
- 2.8. Release of any information will be governed by existing legal obligations and internal policies of each facility.
- 2.9. In a large event requiring federal or mutual aid assistance, Georgia Department of Public Health will work with counterparts from such entities to seek, plan, and direct use of those assets.

## 3. Authorities

### 3.1 Local Government

The Georgia Emergency Management Act provides the authority to the County Commission or elected authority to order evacuation when deemed necessary to protect lives. In most cases the Chief Executive Officer of the County, typically the Chairman of the Board of Commissioners, has the responsibility of issuing evacuation orders for their local areas.

### 3.2 State of Georgia

According to the Georgia Emergency Management Act, the Governor can "direct and compel the evacuation of all or part of the population from any stricken or threatened area within the state if he deems this action necessary for preservation of life or other disaster mitigation, response or recovery ... (and) prescribe routes, modes of transportation, and destinations in connection with evacuation." This action results only in emergencies which are beyond local control.

### 3.3 Healthcare Facility

The management of each individual health care facility is ultimately responsible for deciding whether or not to evacuate.

## 4. Regional Coalition Operations for Evacuation and Receiving Incidents

### 4.1. Triggers for Activation of Coalition Evacuation and Receiving Coordination Plan:

- 4.1.1. Any Coalition healthcare facility notifies the Regional Coordinating Hospital and/or an Executive Committee that they are under the threat of evacuation or receiving or that they are actually evacuating based on internal protocol.
- 4.1.2. The Regional Coordinating Hospital is notified by another RCH, Coalition, GHA, or other partner of the possible need for Region H facilities to receive patients evacuating from facilities outside of the Coalition region.

### 4.2. Notifications and Communications:

- 4.2.1. Coalition notifications and communications will follow procedures as outlined in the Coalition EOP.
- 4.2.2. Coalition level of activation will be determined by the RCH, according to the Coalition Communications Flow Chart (Attachment 1).

### 4.3. Roles and Responsibilities

4.3.1. **Evacuating Facility** – The management of each individual health care facility is responsible for deciding whether or not to evacuate. In some instances, this decision may be made with consultation with local public safety officials. Once the decision has been made, activation of the individual facility's evacuation plan will occur as described in the facility's plan. When individual facility(s) activate their Evacuation Plans, they should:

- Notify 911 or Public Safety Access Point (PSAP)
- Notify Local EMA
- Notify RCH or Executive Committee representative
- Nursing Homes Notify Office of Regulatory Services

- Send each evacuating patient with medical records (history and physical, progress notes, and medication record) and sufficient medication to reach their destination
- Communicate with the receiving facility to ensure that evacuating patient and any staff accompanying them arrived safely
- Report and post situational updates and critical elements of information on regional WebEOC event log on GHA911 (\*see Situational Reporting Requirements pg 15 of EOP)
- Maintain documentation of the personnel, equipment and resources used in the evacuation for local, state, and/or federal purposes (See Attachment 2).

**4.3.2. Regional Coordinating Hospital** – Upon being notified that a facility has activated its evacuation plan, the RCH may activate the Coalition Evacuation and Receiving Plan to begin preparations to assist affected facility and/or receiving facilities and in anticipation of other facilities activating their emergency operations plans. The RCH should:

- Initiate regional WebEOC event log on GHA911 (\*see Situational Reporting Requirements pg 15 of EOP)
- Notify Public Health District Emergency Coordinator (EC)
- Notify Georgia Hospital Association (GHA)
- Notify Coalition Executive Committee
- Initiate Coalition notification as necessary  
(Continued on next page)
- Identify facilities with bed space available or the ability to activate surge capacity to create bed space for patients being evacuated
- Identify transportation resources needed by the evacuating facility(s) and conveying information to the Regional EMS Coordinator
- Identify other resources needed by the evacuating facility(s) and convey information to Public Health District EC
- Report and post situational updates and critical elements of information on regional WebEOC event log on GHA911 (\*see Situational Reporting Requirements pg 15 of EOP)
- Continuously monitor the regional WebEOC event log on GHA911 and respond to information and resource requests as able until the event has concluded or notification of demobilization is received
- Provide assistance as requested
- Maintain documentation of personnel, equipment, and resources used for local, state, or federal purposes (See Attachment 2)

**4.3.3. District Public Health:** Upon being notified by RCH that the Coalition Evacuation and Receiving Plan has been activated, District Public Health will:

- Notify District Health Director
- Notify the GDPH State on-call Duty Officer
- Notify GDPH Hospital Preparedness Program Director
- Continuously monitor the regional WebEOC event log on GHA911 and respond to information and resource requests as able until the event has concluded or notification of demobilization is received
- Assist RCH with identifying resources needed by affected facility
- Provide assistance as requested
- Maintain documentation of the personnel, equipment and resources used in the evacuation for local, state and/or federal purposes (See Attachment 2)

**4.3.4. Receiving facilities**

- Establish a triage/reception area for receiving evacuated patients

- Identify bed space availability and update bed counts on GHA911
- Notify the sending hospital of the safe arrival of patients
- Report and post situational updates and critical elements of information on regional WebEOC event log on GHA911 (\*see Situational Reporting Requirements pg 15 of EOP)
- Continuously monitor the regional WebEOC event log on GHA911 and respond to information and resource requests as able until the event has concluded or notification of demobilization is received
- Maintain documentation of the personnel, equipment and resources used in the evacuation for local, state and/or federal purposes (See Attachment 2)

#### **4.3.5. Non-affected Coalition facilities/organizations**

- Identify bed space availability and update bed counts on GHA911, if applicable
- Continuously monitor the regional WebEOC event log on GHA911 and respond to information and resource requests as able until the event has concluded or notification of demobilization is received

#### **4.3.6. Local EMS Services**

- Notify the Regional EMS Coordinator that a facility has activated its evacuation plan.
- Transport patients to destination facilities identified by the RCH, as directed by the on-scene Transportation Coordinator
- Notify the Transportation Coordinator of the destination facility that received each patient to facilitate patient tracking
- Maintain documentation of the personnel, equipment and resources used in the evacuation for local, state, and/or federal purposes

#### **4.3.7. Transportation Coordinator**

- Act as the on-scene coordinator of patient transportation
- Communicate with the RCH to determine destination facilities for specific patients and directs transportation services where to transport each patient

#### **4.3.8. Regional EMS Coordinator**

- Notify the state Office of Emergency Medical Services that evacuation plans have been activated
- Assist local EMS services with meeting patient transportation needs
- Notify other Regional EMS Coordinators, if assistance is needed from EMS services outside of the region
- Maintain documentation of the personnel, equipment and resources used in the evacuation for local, state and/or federal purposes

#### **4.3.9. Local EMA**

- Identify available vehicles and qualified drivers to assist in the evacuation operation
- Monitor fuel supplies and arranges for additional fuel for evacuation vehicles, if necessary.
- Maintain documentation of the personnel, equipment and resources used in the evacuation for local, state and/or federal purposes.

#### **4.3.10. Georgia Hospital Association (GHA)**

- Notify Georgia Department of Public Health/Office of Emergency Preparedness and Response
- Notify other RCHs as necessary
- Continuously monitor the regional WebEOC event log on GHA911 (or mode of communication) and respond to information and resource requests as able until the event has concluded or notification of demobilization is received

- If notified that an RCH must also evacuate, GHA will facilitate the designation of an unaffected RCH to coordinate the evacuation
- Maintain documentation of the personnel, equipment and resources used in the evacuation for local, state and/or federal purposes. GHA also assists individual hospitals and the RCH with their documentation, if needed.

#### **4.3.11. Georgia Department of Public Health/Office of Emergency Preparedness and Response**

- Notify Office of Emergency Medical Services (OEMS)
- Notify Georgia Emergency Management Agency (GEMA)
- Notify Office of Regulatory Services
- The GDPH EOC may be activated at one of four levels contained in the Activation and Deactivation Standard Operating Procedure. GDPH coordinates patient transportation through the OEMS, monitors the evacuation, and provides assistance, as needed.
- Maintain documentation of the personnel, equipment and resources used in the evacuation for local, state and/or federal purposes.

#### **4.3.12. Georgia Emergency Management Agency**

- May provide an Area Coordinator to assist the local EMA, if necessary.
- Coordinates with local EMA to provide resources from other areas of the state, if necessary.
- Acts as liaison with the federal government if federal resources are needed.
- Maintain documentation of the personnel, equipment and resources used in the evacuation for local, state and/or federal purposes.

## **5. Medical Records**

Evacuating facilities are responsible for sending medical record information along with the evacuating patient. They may use Hospital Incident Command (HICS) 255 Master Patient Evacuation Tracking Form. (See Attachment 1).

## **6. Family Communication**

Evacuating facilities are responsible for the notification of families of the evacuating patients and their destination according to their individual facility plan. Receiving facilities are responsible for the notification of families of the arrival of patients at their facility according to their individual facility plan.

## **7. Patient Tracking**

Evacuating and receiving facilities will be responsible for patient tracking activities. The Coalition will support this process as able and requested. HICS 254 Disaster Victim / Patient Tracking Form may be used. (See Attachment 2).

HC Standard Patient Tracking System is available for Coalition facilities to utilize. If implemented in the region, District Public Health can provide handheld devices to affected facilities.

Capabilities of the HC Standard System include:

- Assign and scan patient identification information
- Share patient vital signs with receiving health care systems in near real-time
- Automate patient tracking and helps simplify reunification efforts
- Create event records with time, date and GPS location stamps
- Capture accident site video, audio and still images



## **8. Patient Placement**

The Coalition will support facilities in the placement of patients and identifying available transportation assets. HC Standard Patient Tracking System is available for Coalition facilities to utilize. The RCH may request the status of possible destination facilities. The Transportation Coordinator directs transport of each patient through planned transportation routes and makes patient assignment decisions based on the conditions that exist during response operations.

## **9. Resource Management/Logistics**

Equipment and supplies that need to be moved in support of the incident will be handled according to Resources and Assets procedures outlined in the EOP.

## **10. Personnel**

Credentialing and tracking of staff that accompany patients is handled by the sending and receiving facilities, according to the Mutual Aid Compact and Mutual Aid Guidelines. Volunteer operations are handled by the sending and receiving facilities according to individual facility Emergency Operations Plans.

## **11. Public Information**

Individual organizations should refer to their respective public information plans and policies when determining what information to share publicly. The Coalition shall not speak on behalf of any individual member organization and will defer to the individual organization's Public Information Officer.

Any multiagency/multi-jurisdictional event will necessitate the creation of a Joint Information Center (JIC) in order to better coordinate public messaging.

## **12. Psychosocial Support of Patients and Staff**

Provision of psychosocial support to evacuated patients and their families and the staff accompanying them is handled by the evacuating and receiving facilities. Additional resources may be available through the Coalition.

## **13. Recovery/Re-Entry of Patients and Staff**

As evacuating facilities are deemed safe for the return of patients and staff, GDPH, OEMS and the EMS Regional Coordinator coordinate the return of patients. The sending facility may coordinate transportation needs for returning the staff not needed for accompanying patients through the local EMA. The RCH provides support as needed.

## **14. Reimbursement Processes**

Reimbursement issues related to evacuated patients are handled between the sending and receiving facilities. All organizations who participate in an evacuation/receiving event should maintain documentation of the personnel, equipment and resources used for local, state and/or federal purposes.