MEMORANDUM OF UNDERSTANDING
Between the Member Hospitals of the Greater Cincinnati Health Council
and

_____

(hospital)

PURPOSE

The Joint Commission on the Accreditation of Healthcare Organizations requires that hospitals have a documented management plan for the environment of care that considers emergency preparedness including, among other things, a description of total facility evacuation and the creation of an alternate care site.

In addition, Title III of the Superfund Amendments and Reauthorization Act of 1986, among other provisions, established legal requirements for federal, state, and local governments and industry. These requirements include that hospitals must have agreements with hospitals outside their local jurisdictions in the event that an evacuation is necessary due to a hazardous materials emergency.

AGREEMENT

In order to provide a framework for the effective utilization of available hospital resources in the event of a disaster and to provide timely and effective patient care, _____ _____ (hospital) and member hospitals of the Greater Cincinnati Health Council agree to provide mutual assistance as outlined below from the date of signature through August 31,2002.

In the event of a disaster that requires evacuation of one or more of the Greater Cincinnati Health Council member hospitals or their related facilities, or services, _____ _____ (hospital) agrees to make available as many beds as possible for the acceptance of transferred patients with all necessary treatment and administrative processing as may be required including but not limited to: the admission, treatment, hospitalization, and discharge of all patients so transferred; the emergency privileging of clinical staff; and the transfer of necessary food, supplies, and medical equipment. In addition, whenever possible, the member hospitals agree to provide other types of assistance and services as may be needed by the affected hospitals.

Compensation for patient care services will be made through the usual and customary channels for those patients transferred.

_____	_____
Signature	Hospital
_____	_____
Title	Address
_____	_____

Date City, State, Zip

Greater Cincinnati Health Council

TOTAL EVACUATION GUIDELINES and RESOURCES

(Revised Fall 1997)

Introduction

In communities where disasters have forced the evacuation of in-patient health care facilities, those facilities report that, during the first 1 to 2 days after the incident, they had to rely on their own resources to either manage continuing operations or to partially or totally evacuate their patients and employees. Other disaster response organizations were understandably preoccupied by the pressing needs of the community at large.

Greater Cincinnati area hospitals and other disaster response organizations have a history of providing mutual aid in times of disaster. In keeping with that tradition, Health Council members are planning to assist each other if one or more hospitals should need to be totally or partially evacuated. They have drafted a Memorandum of Understanding agreeing to such assistance and, in consultation with other local disaster response organizations, have developed these Guidelines to help guide decision-making in evacuating and in receiving hospitals.

Each participating hospital must have written plans which identify its responsibilities as an evacuating (or sending) facility and as a receiving facility. **These Guidelines are designed to assist individual hospitals and other health care facilities as they write or revise their internal total evacuation plans and policies.** The Guidelines are not intended to be used verbatim, but are intended to outline most of the issues that need to be included in a facility's evacuation plan, to offer suggestions regarding how to make certain decisions, and to identify available resources outside the affected facilities. A health care institution's specific plan will obviously need to take into account that facility's specific situation, patient population, potential hazards, work force issues, etc.

Hospitals should also consider conducting detailed planning with those facilities that are most likely to receive evacuated patients (e.g., sister facilities within a system or alliance or other facilities more distant geographically) and should drill the planned protocols in well organized disaster exercises designed to test specific sections of the evacuation plan.

I. TYPES OF INCIDENTS AND GOALS

A. **Internal**

1) Definition: Any event in the institution that presents danger to patients and personnel warranting their removal to another internal location or to an external location for their safety. Examples include: fire, explosion, internal toxic spill, hostage situation, loss of institutional utilities.

2) Goals: Safely remove patients and employees from immediate site of incident and proceed with the evacuation from there; attempt to isolate/contain the problem; protect patients and employees from additional harm as emergency response proceeds; attempt to maintain as much care and as many patients as is safely possible on site; conduct an orderly and safe evacuation and transfer of patients and employees to alternative locations.

B. **External**

1) Definition: Any disaster or danger in the community warranting removal of patients and personnel from the health care facility to another geographic location for their safety. Examples include: tornado, flood, earthquake, areawide loss of utilities, nearby hazmat incident.

2) Goals: Safely remove patients and employees from immediate site of incident first and proceed with the evacuation from there; protect patients and employees from additional harm as emergency response proceeds; conduct an orderly and safe evacuation and transfer of patients and employees to alternative locations.

II. PLANNING ISSUES FOR THE EVACUATING FACILITY

Before any evacuation plan can be successfully activated, a number of logistical arrangements must already be in place. These include, but are not limited to:

A) Arrangements for alternative methods of internal and external modes of communication: telephone, cellular telephone, in house radio, P.A. system, amateur radio, messenger, etc. (note: not all of these methods assure confidential communications)

- all cellular phones within the same organization should all be the same brand; extra phones and extra batteries should be stored; batteries should be drained and recharged every 30 days
- include in the plan that employees should bring their own cellular phones to work
- make arrangements with your cellular provider to supply extra phones in emergency situations including evacuations

- predetermine where phones should be taken and which functions require them
- in certain situations, MobilComm can provide rental radios (742-5555 -daytime)
- see next page for Communication Flow Concept

B) Identification of alternative locations for a Media Center

- consider drafting a news release framework that would provide basic information to the media regarding the status of the situation in its initial phase, before all details are known; see Appendix A for an example

C) Predetermination of alternative locations for Labor Pool and which personnel should report there when the plan is activated

- locate Labor Pool distant from site of disaster, possibly at the secondary patient holding site to which patients will be evacuated while awaiting transfer to another facility

D) Predetermination of alternative internal patient movement routes and order of removal

E) Predetermination of multiple discharge/transport points for ambulatory and non-ambulatory patient to hasten evacuation (for example, consider main entrance for discharges, loading dock for ambulatory, and emergency department for non-ambulatory)

F) Inventory and identify the location of all wheelchairs and stretchers

- orange plastic "snow fence" comes in rolls and may be cut into stretcher-size pieces to be used to move patients

G) Arrangements for medical records and ID bracelets to accompany patients through evacuation to receiving hospitals (for obstetrical patients, arrangements for mothers and babies to evacuate and transport together)

H) Predetermination of inner and outer perimeters for hospital and secondary holding site, and of alternative staging areas for transport vehicles (perimeters should be planned with the local police department)

I) Arrangements for secondary patient holding site at locations proximal to hospital when immediate evacuation is required and until transport vehicles arrive (parking garage, schools, churches, community centers, lodges/halls, etc.)

J) Arrangements with internal and other hospital ambulance services, METRO/TANK, school bus companies, private ambulance services, cabs, etc. for transport of patients, employees, and equipment

- agreements are already in place for the fire/police Incident Commander to dispatch METRO/TANK

- the Incident Commander can also request mutual aid from fire department's whose ambulances are not involved in the disaster response

K) Maintenance of multiple copies (at least one per patient) of maps to likely receiving facilities since patients will be transported by several methods including squads, bus, taxi, police, family, etc.

- as an alternative, mapping software can be loaded onto laptop P.C.s and used to produce maps to specific destinations on the spot (examples include: Streets USA and TravelPoint)

L) Training for facility employees on the evacuation plan including lifting/carrying techniques, alternative evacuation routes, expectations for accompanying patients to and continuing to work at receiving facilities, process for obtaining temporary staff privileges at receiving facilities, etc.

- JCAHO requires annual training on disaster plans

M) Drills to test the plan; arrange with the local fire/police department to participate in the drill.

- JCAHO requires disaster drills at least twice a year and at least 4 months apart

N) Negotiate emergency provisions with vendors to procure supplies and to transport them to secondary patient holding sites as needed

III. ACTIVATION OF THE TOTAL EVACUATION PLAN

A. Depending on a particular health care facility's command structure and general disaster plan, the person on-site who is in charge of the facility will make the decision to initiate the facility's total evacuation plan upon notification and verification of external or internal causes. The decision to evacuate should be considered a "no fault" decision recognizing that protecting the safety and health of patients and employees is of the utmost concern.

- An excellent example of a command system that works well for health care organizations is the Hospital Emergency Incident Command System (HEICS). See Appendix B for the HEICS Organizational Chart and the Emergency Incident Commander job description. (HEICS is the emergency command system which California has mandated that all hospitals use. The same command structure and job titles are used by all hospitals in California in order to allow personnel from any facility to easily function in any other facility during a disaster situation. Hospitals in New Jersey and in some metropolitan areas are implementing this system.)

B. In Ohio, Kentucky, and Indiana, the public safety Incident Commander (IC), usually the local fire chief or his designee, is legally in charge of the incident. According to an appropriate "incident command" system, when the fire department responds to either an internal or external

disaster requiring the facility's evacuation, the ranking fire department official becomes the IC. As IC, he will require continuous communication with a predesignated facility representative and will request that the representative be assigned to the public safety Command Post (CP). He will, in all likelihood, also assign a liaison to the facility's administration/Emergency Operations Center (EOC). Consideration should be given as to whether or not it is feasible for the fire department command post and the facility EOC to be in the same location. (The health care facility's ranking official should NOT be at the site of an internal incident, but should be in the facility's EOC with others from the facility who will be coordinating information and resources.)

C. Notification

1) Internal: sources within the evacuating facility

2) External: from Public Safety personnel or communications center

D. Verification: Health care facility official in charge should obtain information to confirm the actual or possible internal or external disaster establishing need to initiate evacuation.

E. Activate facility Emergency Operations Center (and choose an alternate site) from which to direct all phases of the evacuation in the facility and on the facility grounds.

1) Call up personnel for EOC (see Appendix C for job descriptions)

a) Logistics Chief: organizes and directs those operations associated with maintenance of the physical environment, and adequate levels of food, shelter and supplies to support the medical objectives

b) Planning Chief: ensures the distribution of critical information/data; compiles scenario/resource projections from all section chiefs and effects long range planning; documents and distributes facility Action Plan

c) Finance Chief: monitors the utilization of financial assets; oversees the acquisition of supplies and services necessary to carry out the hospital's medical mission; supervises the documentation of expenditures relevant to the emergency

d) Operations Chief: carries out directives of Emergency Incident Commander; coordinates and supervises the Medical Services Subsection, Ancillary Services Subsection, and the Human Services Subsection of the Operations Section

e) Public Information Officer: provides information to the news media

f) Liaison Officer: functions as incident contact person for representatives from other agencies

g) Safety and Security Officer: monitors and has authority over the safety of the rescue operations and hazardous conditions; organizes and enforces scene/facility protection and traffic security

h) Medical Staff Director: organizes, prioritizes and assigns physicians to areas where medical care is being delivered; advises the Emergency Incident Commander on issues related to the Medical Staff

2) Notify receiving facility to activate receiving plan (see Section V - Activation of Receiving Facility Plan) or contact the Hamilton County Communication Center either by radio or phone and request that the Disaster Radio Network be activated to assist in the relocation of evacuated patients to multiple facilities

3) Notify internal employees unit by unit (selected departments should have the earliest possible notification including OR, PACU, Special Procedures, any other area where anesthesia is used or where invasive procedures are performed

4) Choose location for and activate Labor Pool
- see Appendix D for Labor Pool Unit Leader job description
- consider locating Labor Pool at the temporary shelter (secondary holding site) to which patients will be evacuated while awaiting transfer to another facility

5) Call up additional employees from home

6) Maintain status board
- see Appendix E for Situation-Status Unit Leader job description

7) Coordinate hospital and public safety communications and rescue through the Liaison Officer, keeping in mind that radio communications and scanners can be and are monitored by the media
- Notify Hamilton County Communication Center and/or the local communications center that the Emergency Room is closed

8) Request activation of and coordinate means of transport for all patients and employees according to protocol
- see Appendix F for Transportation Unit Leader job description

9) Based on situation, choose departure points for ambulatory, stretcher, and critically ill patients

10) Based on situation, choose internal patient movement routes and order removal of patients by floor plan routes

a) Order the determination of what equipment, supplies, medications, clinical personnel are essential to be transported with individual patients

- see Appendix F for Transportation Unit Leader job description

b) Consider moving critical patients last to allow for ambulatory and non-critical patients to be cleared at both sending and receiving hospitals

11) Choose destination for each patient; discharge as many patients home as possible; provide maps to receiving facilities; consider publicly announcing a hotline that family members can call to learn of the destination of patients and consider locating that function away from the facility

- see Appendix G for Patient Information Officer job description
- Red Cross will, if requested by the evacuating facility, activate its hotline, (800) 255-7070, to accept calls from family members; final destinations of patients will be given to family members listed on patient charts as emergency contacts; additionally, the Red Cross will attempt to contact the family members to notify them if they do not contact the evacuating facility within 24 hours; in order to activate the hotline, the evacuating facility needs to provide the Red Cross with patient and family notification information and the patient's destination

12) Establish locations of:

a) Inner and outer perimeters

- see Appendix C for Safety and Security Officer job description

b) Staging areas located several blocks away for incoming personnel and vehicles in consultation with the local police/fire department

c) Triage and treatment areas for injured and expectant patients

- see Appendix H for Treatment Areas Supervisor and Triage Unit Leader job descriptions

d) Morgue

- see Appendix I for Morgue Unit Leader job description

e) Media Center for the press

- see Appendix C for Public Information Officer job description

13) Coordinate internal security with community/state police who are responsible for external control (if possible, provide the hospital with a radio to the local fire/police Command Post)

14) Notify vendors of supplies to be sent to secondary patient holding sites
- see Appendix J for Materials Supply Unit Leader and Nutritional Supply Unit Leader job descriptions

15) Provide details of disaster and plans for patients to the press as soon as possible; include information intended for the family members of patients such as the facility's patient information hotline number or the Red Cross hotline number, (800) 255-7070

F. Move patients to departure points

1) Identify a method (package) for transporting medical records, preferably with the patient

2) Transport patients with medical records, medication, and required medical assistance

3) Maintain accurate records on which patients went where; notify physicians and families of patients' locations as soon as possible

G. Secure vacated areas by floor plan and coordinate security of vacated facility with police
- consider a marking system that will identify patient areas which have been vacated and secured

H. Arrange for transportation of any remaining hospital employees

I. Provide Critical Incident Stress Management for hospital staff as needed

IV. PLANNING ISSUES FOR THE RECEIVING FACILITY

Before being able to successfully receive patients from an evacuating facility, a number of logistical arrangements must already be in place. These include, but are not limited to:

A) Determine contact person who will be in charge of communications with sending facility and decision-making regarding incoming patients

B) Predetermination of entry control points and system for admitting and tracking patients to particular bed locations or to a vacated unit

- Consider that evacuees may be arriving from one of two situations: 1) a situation that is more like a disaster scene with evacuees needing to be managed

more like disaster victims in which case admission via the emergency room may make more sense or 2) a situation that is less urgent with evacuees needing to be managed more like stable transfers in which case admission via the normal admission process may make more sense

C) Arrangements for calling up and assigning additional personnel to assist with internal transfers and incoming transferred patients (admitting, medical records, transporters, nursing personnel, dietary, materials management, housekeeping, public relations, security, social services, telephone services, etc.)

D) Arrangements for temporarily credentialling physicians, nurses, therapists, and other clinical personnel from the sending facility; (during disasters, normal regulations restricting transporting patients across state lines and credentialling physicians from other states are temporarily suspended; if the sending facility is JCAHO accredited and a mutual aid agreement exists, then temporary credentialling can be justified and managed)

E) Arrangements for determining dietary needs of incoming patients

F) Arrangements with vendors for emergency supplies including food, etc.

G) Arrangements for receiving equipment and supplies from the sending facility and plans for distributing, installing, and maintaining them

H) Arrangements for managing an influx of volunteers, donated supplies, friends and family members, media representatives, etc.

- determine potential location of reception sites for each of these groups

I) Drills which test the receiving facilities' plans for accommodating patients from an evacuating facility

V. ACTIVATION OF THE RECEIVING FACILITY PLAN

A. Receiving facilities should predetermine how transferred patients will be distributed within the facility. Consideration should be given to transferring patients internally so that entire units may be opened for the patients evacuated from another facility. This would allow the sending facility to staff and manage their own patients and may make medical records, supplies, billing, etc. operate more efficiently. (In any case, special care patients will probably have to be integrated into existing, occupied units.)

B. Notification and Information Required

1) Contact Person will obtain information from sending facility regarding:

a) why sending facility is evacuating and estimated number and acuity of patients to be transferred

b) how patients will be transported and estimated time of arrival

c) estimated length of time transferred patients will remain at receiving hospital

d) name and phone number (or other communication location) of sending hospital contact person

2) Obtain a bed count; determine if an entire unit(s) can be made available to sending facility; attempt to identify proximal locations for incoming patients; determine entry point(s)

3) Notify CEO, Administrator on Call or other person according to plan for approval to proceed

4) Return communication to sending hospital contact person to advise of decision and entry point(s)

C. Activate internal Emergency Operations Center and call up EOC personnel

1) Notify Security of incoming patients and entry points
- arrange for outer perimeters, traffic control, and parking with community/state police

2) Authorize the calling in of additional staff as needed

3) Arrange for the transfer of current patients to other internal locations as needed; move bed with patient to new room and return empty bed to original room whenever possible; notify physicians and family members of current patient's new locations as soon as possible

4) Relocate current staff and assign called up staff as necessary

5) Obtain "guides" who will take incoming patients (and squad personnel if possible) directly to receiving nursing unit; during daytime, consider using volunteers for this function)

6) Notify ancillary departments of actions taken

7) Provide as much information about the transfer process as soon as possible to the press

8) Provide Critical Incident Stress Management for facility personnel as needed

9) Notify billing office of actions taken

D) At conclusion of the incident, assist with coordinating the return of transferred patients to the sending facility

VI. PLAN EVALUATION

A. Evaluate sending, transport, and receiving components of the plan

B. Modify, distribute, and drill the revised plan

Appendix ___

Framework for Initial News Releases

_____ (incident) has occurred and there is a possibility that __(facility name)___ will have to be (partially/completely) evacuated. Because of this situation, that __(facility name)___ has implemented its Disaster Plan.

__(facility name)___ Disaster Plan is designed to ensure that patients can be safely cared for and transferred, if necessary, to other medical facilities. The plan includes calling in additional personnel, the temporary relocation of treatment and services areas, and the accurate tracking of patients' and employees' destinations.

__(facility name)___ will attempt, via the media, to keep the community informed of developments relative to this situation. Information will be disseminated to the media at the Media Center located at _____ or at this phone number: _____.

Information about particular patients will be made available to immediate family members only. Family members may call __(facility name)___ patient information hotline at _____ or the Red Cross's patient information hotline at (800) 255- 7070.

A Visitor Information Center is open at _____ location and is staffed by __(facility name)___ personnel. They are providing information to relatives of individuals who may have been affected by this situation.