

Healthcare Facility Evacuation Incident Specific Annex

PURPOSE: This annex to the DC Emergency Healthcare Coalition (DCEHC) EOP provides guidance to HCRT personnel supporting an incident in which a single or multiple healthcare facilities in the District of Columbia require evacuation.

Other attachments to the DCEHC EOP may be utilized in conjunction with this document. As with any component of the DCEHC EOP, this tool is intended to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

- **Situation and Assumptions**

The need to evacuate a healthcare facility is a rarely encountered but foreseeable consequence of potential hazards facing healthcare organizations in the District of Columbia. The evacuation of multiple facilities is projected to be a much lower probability but carries much higher potential consequences. Healthcare facility evacuation may be required in emergent (minutes), urgent (hours), or semi-urgent (days) timeframes, and the complexity of these undertakings has prompted contingency planning by the DC Emergency Healthcare Coalition. The DC Department of Health (DoH) and Fire and Emergency Medical Systems (FEMS) are the primary governmental support agencies for impacted healthcare facilities needing evacuation assistance. THE DCEHC HCRT, upon request, may also provide support by facilitating assistance from DCEHC member organizations through: 1) situation and resource-related information processing, 2) assisting with patient and resource tracking, and 3) facilitating communication and agreements between the evacuating organization and the healthcare facilities and other organizations willing to assist.

Assumptions:

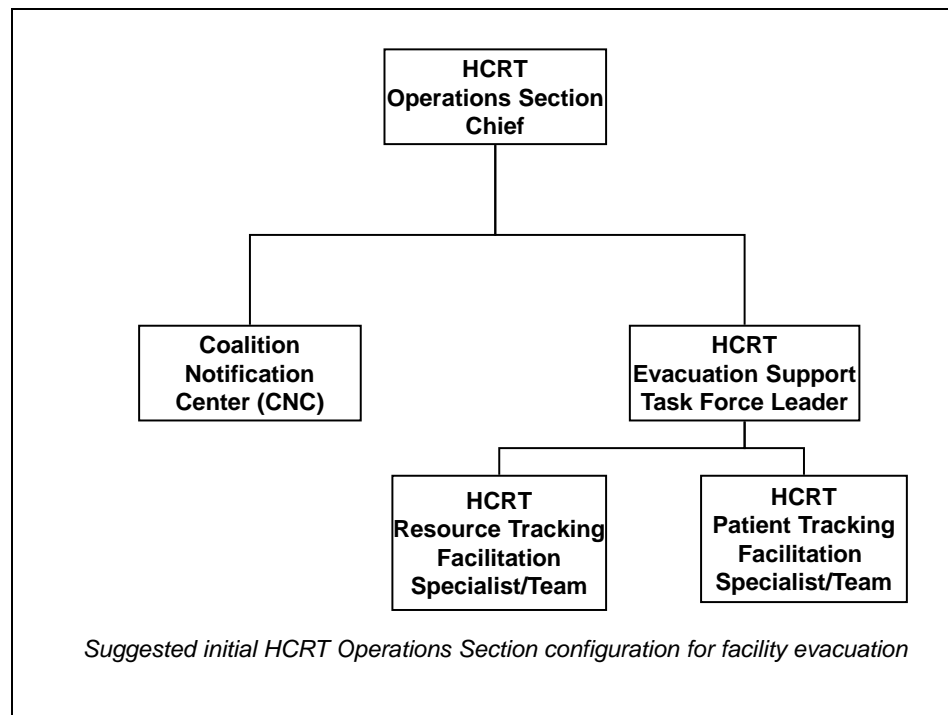
- A wide range of circumstances can compel the evacuation of a residential healthcare facility. Significant utility disruption, particularly loss of HVAC during hot weather, is projected to be a likely situation that could precipitate the evacuation of a single facility in the District of Columbia.
- Multiple facility evacuations could occur as a result of specific, wide-spread hazard impact. In rare circumstances, a Mayoral order could compel multiple facilities to evacuate.
- The DCEHC may be utilized to facilitate the partial or complete evacuation of a residential healthcare facility (or facilities) in the District of Columbia. It may also be used to support healthcare organizations from other healthcare coalitions (e.g. in suburban Maryland or Virginia) that are evacuating patients into DC.

- Evacuating facilities may include hospitals, long term care facilities or other medical treatment entities (such as a surgery center), requiring that medically fragile patients be transferred potentially long distances to other medical support settings.
- The DCEHC support in terms of identifying potential locations for transferred patients is not designed for placement of individuals not needing significant medical care (i.e., it is not for assisted living residents who could be housed in a jurisdictional shelter after evacuating).
- The simultaneous evacuation of multiple facilities is projected to be significantly more difficult compared to a single facility evacuation. Most of the evacuation and DCEHC facilitation principles are the same, but the execution may vary (differences are addressed in this document).
- For this annex to be implemented, DCEHC assumes that the evacuating facilities have activated their individual EOPs and requested assistance through the DCEHC Duty Officer (or HCRT if already activated for other reasons).
- Each evacuating facility will have established its Incident Management Team (IMT) to manage its own emergency response, including the supervision of all evacuation actions.
- The lead DC agency providing *initial* Incident Command for the evacuation of a single facility will typically be DC Fire and EMS (DC FEMS). The DC FEMS IMT will establish a Unified Command with the healthcare facility IMT, and will incorporate other city agencies as indicated by the circumstances.
- Incidents with multiple facilities evacuating may could conceivably have a different DC agency providing Incident Command or Area Command. In addition, patient transfers may extend well beyond the DC jurisdiction.
- DC Department of Health (DC DoH) is expected to play a critical support role during initial evacuation and later, a role in certifying that evacuated facilities are adequately rehabilitated and acceptable for re-occupation.
- Healthcare facilities in the District of Columbia have adopted procedures established by the DC Emergency Healthcare Coalition to facilitate information management during evacuation incidents.
- Transportation resources for patients will be supplemented by the jurisdiction and in some cases surrounding jurisdictions. In multiple facility evacuations, the need for Federal resources is even more likely. Depending on the acuity and number of facility evacuations, non-traditional medical transport resources could conceivably be recruited for patient transportation.
- Evacuations may be prompted by a variety of etiologies, with a range of time intervals in which the evacuation process must be completed. For the purpose of providing actionable guidance, evacuation scenarios covered by this annex are categorized into:
 - Emergent (minutes)
 - Urgent (hours)
 - Semi-urgent (one to several days)
- For sharing of resources within the District of Columbia between healthcare organizations, a DCEHC mutual aid Memorandum of Understanding (MOU)

has been developed. At the time of revision to this document, many of the Skilled Nursing Facilities and most of the acute care facilities are signatories to this document.

- **System description**

- The projected activities that the HCRT may conduct to support healthcare facility evacuation include:
 - Convey initial notification of an actual or potential healthcare facility evacuation from the impacted facility(s) to member organizations, the City, and neighboring jurisdictional Coalitions.
 - Provide on-going notifications regarding changes in the status of the incident.
 - Collect data from member organizations regarding available resources to assist the evacuating facility(s) (e.g. for placement of patients, to assist with evacuation of the facility, or to support other needs as identified).
 - Interface with regional coalitions in Maryland and Virginia to collect data regarding available residential healthcare facility resources in those jurisdictions or to receive resource requests from those same jurisdictions. Note: This task must be conducted in coordination with DC DOH.
 - Facilitate communications between requesting (“**supported**”) and donor (“**assisting**”) facilities (HMARS radio, HIS electronic media and teleconferencing as needed).
 - Facilitate coordination with jurisdictional response efforts.
 - Facilitate patient tracking if requested by involved member organizations. The tracking may extend to assisting facilities well beyond the DC metropolitan area during a multiple facility evacuation.
 - Facilitate, upon request, tracking of evacuated facility resources (personnel, major equipment) that are re-located to assisting facilities.
 - Furnish supporting documentation and guidance forms (e.g. MOU, Patient Checklist for Evacuating Facilities) to facilitate mutual aid and cooperative assistance for the evacuating (supported) facility.
 - Support patient and staff repatriation if requested.
- HCRT staffing pre-plan for supporting facility evacuation
 - The initial staffing of the HCRT will be established by the HCRT Leader at the time of activation, using this annex for guidance. Position staffing will be based upon initial and ongoing incident parameters and the evolving HCRT response objectives.
 - The HCRT Operations Section organization chart with positions that may be staffed for this annex is below.



- The **HCRT Evacuation Support Task Force** addresses multiple activities depending upon requests submitted to the Coalition by the impacted organization (see above). Additional HCRT Patient Tracking and Resource Tracking Specialist positions may be staffed as needed. These could expand into distinct HCRT Evacuation Support Task Force Teams in a large complex evacuation incident.
 - Resource Tracking Facilitation Specialist/Team: This position/team facilitates the tracking of resources offered to and/or sent to the supported facility or, conversely, the supported facility resources (staff and major equipment) sent to assisting facilities.
 - Patient Tracking Facilitation Specialist/Team: This position/team facilitates the tracking of patients as they are dispatched from the evacuating facility until they arrive at their final healthcare destination at an assisting facility. This is commonly accomplished through the receipt of confirmation that a patient(s) has arrived at a specific assisting facility (see below – Concept of Operations).
- Depending on the complexity of the incident, the HCRT can request support in performing the above functions from Coalitions established in Northern Virginia and Suburban Maryland.
- **ESF 8:** DC Department of Health may request HCRT representation during City established meetings. The purpose of this representation would be to provide collected information to assist in identifying, coordinating, and

prioritizing bed placements when multiple facilities are evacuating and when evacuations are occurring across jurisdictional lines.

- **Concept of Operations**

Incident recognition

- The potential or actual indications for residential healthcare facility evacuation are recognized by one or several threatened or impacted healthcare facility(s).¹ The organizations' actions include:
 - Notify DC FEMS by calling 911.
 - Notify the CNC at 877-323-4262.
 - Activate the facility's EOP and mobilize its Incident Management Team (IMT).
- The initial information conveyed to EMS and CNC includes (see **attachment 1**, page 1):
 - Incident type.
 - Projected Evacuation Time Frame (emergency, urgent, semi-urgent).
 - Approximate projected number of evacuating patients that require placement in a healthcare setting (use average daily census for initial approximation if emergency evacuation is being initiated – numbers can be clarified at a later point in time).
 - Location (s) where patients are being moved to for safety or for evacuation staging (alternate care site(s) and/or patient staging areas).
 - Best access route and designated transport vehicle staging areas for transportation units.
 - Other immediate needs.
 - Point of Contact (POC) for facility.
- If multiple facilities are being evacuated, this same information may be summarized on DC EHC Evac 3 (**attachment 9**) by the HCRT as it conveys needs to other jurisdictions.
- This form (DC EHC Evac 1) has been recreated on HIS to facilitate communication of this information (i.e. may be filled out on-line by evacuating facilities).

HCRT Initial notification/activation

- On call Duty Officer may elect to contact the POC at the affected facility(s) for brief situation update.
- HIS notification is conveyed to all enrolled Duty Officers regarding immediate HCRT transitional teleconference (conducted directly by current Duty Officer or requested through CNC or PCC).²

¹ Note: The initial recognition of need to evacuate could potentially come in the form of an evacuation order by City Authorities.

² This cohort is all personnel trained and enrolled for the DC EHC duty Officer position; only those who are available to participate are expected to respond to the HCRT planning meeting notification.

- Depending upon the anticipated complexity of the incident, Duty Officer can request early assistance from neighboring Coalitions to assist with some of anticipated HCRT tasks. Representatives may be included on the transitional teleconference.
- A separate HIS ALERT notification is established and sent to all HIS recipients regarding initial situation notification and initial requests for information. CNC sends an ALERT to all Coalition member organizations (per DCEHC base plan through HMARS): Both notifications should: :
 - Provide brief summary of the evacuation situation (Facility name(s), evacuation time frame).
 - Announce that activation of HCRT has occurred
 - As appropriate – request evacuating facilities provide indicated information (and how) as denoted on DC EHC Evac 1.
 - Convey requests for available beds and other resources; Responses directed to be entered into HIS as appropriate.
 - Request POC for each assisting facility entered into HIS.
 - Convey similar message to Northern Virginia and MD Coalitions as relevant (i.e. for multiple facility evacuations where cross-border assistance may be anticipated).
- Duty Officer confirms that DC DOH and other relevant DC agencies have been notified. DC DOH may be contacted through HECC 24 hour number 202-671-5000..

Mobilization

- Per DCEHC EOP base plan.

Incident operations

- HCRT Transitional Management/Planning meeting is conducted: HCRT positions staffing confirmed; objectives are set according to known incident parameters and requests for assistance.
- HCRT Operations Section acquires more specific details regarding needed resources by contacting evacuating facility POC – utilizing **attachment 1**, page 2 to capture indicated information. If multiple facilities are evacuating, this information is collected by directing facilities to post to HIS or FAX resource requests to HCRT (notification sent regarding these directions). This information is then summarized on DC EHC Evac 3 (**attachment 9**). Telephone contact is made with non-responding facilities. Resource information categories include:
 - Numbers and types of beds needed
 - Number and types of transportation needed
 - Other requested resources (e.g. personnel, equipment) and related information (timeframe, reporting location, etc.)
- DC EHC Evac 3 can be utilized by an adjoining jurisdiction that is evacuating facilities and seeking assistance from DC healthcare facilities (i.e. DC EHC could request completion of document in order to facilitate).

- HCRT Operations Section disseminates the updated, comprehensive resource requests to:
 - Coalition member organizations in the event of a single facility evacuation
 - To assisting organizations in other jurisdictions when multiple facilities are evacuating.
- HCRT Leader determines need for convening a Senior Policy Group (SPG) situation update teleconference to inform Coalition member organizations' leadership. This can be critical to the successful acquisition of donated resources (see template SPG teleconference agenda in Base Plan attachment).
- If DC DOH requests, HCRT representative will participate in meetings or teleconferences hosted by DC DOH to provide collected information to assist in identifying, coordinating, and prioritizing bed placements. This is most likely to occur when multiple facilities are evacuating and when evacuations are occurring across jurisdictional lines. HCRT representation may include HCRT Planning Section Chief, HCRT Operations Section Chief and possibly members of the HCRT Evacuation Task Force.
- HCRT Operations Section Chief (or Evacuation Task Force Leader) determines need for a resource meeting teleconference to facilitate resource request and organize the assisting facilities' response (see template agenda in Base Plan attachment).
- If requested by the evacuating facility(s), the HCRT receives, aggregates, and reviews information on offered resources; any clarification of offered resources is conducted as needed by contacting POCs from individual assisting organizations. Information is conveyed to the supported facility for decisions and action (**attachment 3** can be used to facilitate this).
- Upon request, the HCRT Operations Section may extend the request for resources to organizations beyond the DCEHC organizations (in coordination with DC DOH).
- HCRT Operations Section facilitates further communication between supported facility and assisting facilities (e.g., by providing POC information for assisting facilities, or by conducting additional resource meeting teleconferences).
- HCRT facilitates the patient transfer process by ensuring
 - That the supported/evacuating facility(s) has access to attachment 2 and utilizes this Patient Checklist form with each patient transfer
 - Supported/evacuating facility(s) have access to HIS to complete on-line patient tracking
- For donated personnel, equipment, and non-patient care facilities, HCRT ensures **attachment 3** (DC EHC Mutual Aid Form 2) is completed by assisting organizations first.
- HCRT facilitates tracking of donated non-bed resources (see **attachment 4**) as practical and as requested.

- HCRT facilitates the tracking of evacuated patients at the request of the supported facility(s). This process involves the completion of the Patient Checklist form (attachment 2) by facilities receiving evacuated patients, and electronic or FAX submission of the completed forms to the HCRT (the preferred communication method is provided by HCRT to all assisting facilities through an ALERT message). Aggregated data is reported back to the supported facility (and conveyed to the DC DOH Evacuation Task Force as appropriate) on a periodic schedule determined by the supported facility. This assistance supports but does not supplant any patient tracking conducted by DC DOH.

Ongoing

- Continue patient tracking facilitation until all evacuated patients are confirmed as received by assisting organizations, or upon request by the supported facility.
- Facilitate tracking, if requested, of evacuating facility's resources that were re-located at assisting facilities
 - Facilitates tracking of patient representatives at assisting (patient receiving) facilities (see attachment 5)
 - Facilitates tracking of evacuating facility personnel at assisting facilities (see attachment 6)
 - Facilitates tracking of high-value equipment and other resources transferred to assisting facilities.
- If requested, facilitate resolution of continuity of medical care issues for evacuated patients (e.g. assists with accessing medical records) and facilitates other assistance using processes described in the DCEHC EOP base plan.
- Facilitate ongoing situational awareness for the supported facility, other Coalition member organizations, and relevant DC agencies through periodic notification messages and/or situation update teleconferences (see EOP base plan).
- If requested, the HCRT may facilitate repatriation of patients and staff to the supported facility.

Receipt of patients evacuated from healthcare facilities in other jurisdictions

- During incidents in non-DC jurisdictions where patients are being evacuated and DC healthcare facilities are asked to assist with accepting patients and/or other resource assistance, the HCRT can facilitate aggregation of assistance offers by coalition member organizations and tracking of patients to the accepted destination, using the procedures described above. These efforts will be conducted in coordination with DC DOH. Evacuating jurisdictions would be requested to provide information in summarized fashion as indicated in DC EHC Evac 3 (attachment 9).
- During incidents where the National Disaster Medical System (NDMS) has been activated and disaster victims are being transported to DC healthcare

facilities for hospital admission, the Walter Reed National Military Medical Center (FCC Bethesda) is the NDMS Federal Coordinating Center, charged with coordinating patient reception and distribution of patients to accepting hospitals in the District of Columbia and Northern Virginia. The DCEHC HCRT may activate at the request of FCC Bethesda or DC DOH to facilitate patient distribution, using procedures presented above, to DCEHC member facilities.

Transportation assets

Any facility evacuation could require assistance from the jurisdiction. It is fiscally prohibitive for any individual facility to maintain on retainer enough resources to affect a complete evacuation. The transportation resources required will be exponentially greater for multiple facility evacuations. If large enough, the incident may require the use of non-traditional transportation resources (i.e. those not regularly designated for transportation of patients). Assets from other jurisdictions and Federal assets may be requested through City authorities.

DC EHC evac form 2 has detailed information regarding transportation assets utilized to assist with patient tracking AND to assist with accountability of expenditures post-incident.

Coordination with Federal assets

As noted above and in the DC EHC base plan, Federal resources may be requested and coordinated through City authorities. During multiple facility evacuations, utilization of the National Disaster Medical System (NDMS) and the appropriate Federal Coordinating Center may occur. The above procedures are designed to supplement these processes (and are designed to occur before the Federal system is operational).

Demobilization

Facilitate requests for reimbursement from assisting organizations by providing **attachment 7** (DC Mutual Aid Form 4).

Attachment 1: Initial information and Follow on Requests

Evacuating (supported) Facility Information: Initial information and Follow on Requests		DCEHC Evac 1 PAGE 1 of 2 7 13 09
<i>This form is designed to document initial and follow on information regarding needs of an evacuating (supported) residential healthcare facility. It is intended for use by the supported facility but may also be utilized by the HCRT in facilitating the evacuation.</i>		Evacuating Facility
		HCRT Operations Chief
1. FACILITY EVACUATING:	2. DATE EVACUATION INITIATED:	
3. EVACUATING FACILITY POINT OF CONTACT (POC):	4. POC INFORMATION	
	TELEPHONE	
	CELL PHONE	
	FAX	
	EMAIL	
INITIAL/IMMEDIATE INFORMATION TO CONVEY TO DC FEMS AND COALITION		
5. INCIDENT TYPE		
6. PROJECTED TIME FRAME FOR EVACUATION		
<input type="checkbox"/> EMERGENT (MINUTES) <input type="checkbox"/> URGENT (HOURS) <input type="checkbox"/> SEMI-URGENT (DAYS)		
7. TOTAL PROJECTED NUMBER OF PATIENTS		
8. PATIENT STAGING LOCATIONS (map attached: <input type="checkbox"/> yes <input type="checkbox"/> no)		
9. BEST POINT OF TRANSPORT ACCESS		
10. OTHER IMMEDIATE NEEDS		

11. SPECIFIC PATIENT BED REQUESTS		DCEHC Evac 1 PAGE 1 of 2 7 13 09
BED TYPE		NUMBER REQUESTED
Burn		
Medical/Surgical Adult TELEMETRY		
Medical/Surgical Adult NON-TELEMETRY		
Medical/Surgical Pediatric TELEMETRY		
Medical/Surgical Pediatric NON-TELEMETRY		
ICU (to include step down beds)		
Pediatric ICU		
Neonatal ICU		
Psychiatry		
Operating room		
Obstetrics (Labor and Delivery)		
Neonates		
Negative pressure isolation		
BED TYPE – NURSING HOME		
Long Term		
Skilled/Medicare		
Isolation		
Dementia		
Rehabilitation		
12. SPECIFIC TRANSPORTATION REQUESTS		
TRANSPORTATION TYPE		NUMBERS REQUESTED
Critical care: Adult		
Critical care: Pediatric		
Critical care: Neonate		
ALS Non-ambulatory		
BLS Non-ambulatory		
BLS Wheel Chair		
BLS Ambulatory		
Prisoners/Behavioral Health requiring monitoring/escort		
Bariatric		
Bassinette		
Passenger bus/shuttle bus		
13. SPECIFIC PERSONNEL REQUESTS (attach details as necessary)		
EXPECTED DUTIES		NUMBERS REQUESTED
EXPECTED DURATION OF USE:		
REPORTING LOCATION:		
14. SPECIFIC EQUIPMENT REQUESTS (attach details as necessary)		
TYPES OF EQUIPMENT		NUMBERS REQUESTED
EXPECTED DURATION OF USE:		
REPORTING LOCATION:		
15. TITLE AND NAME OF AUTHORIZED OFFICIAL	16. SIGNATURE OF AUTHORIZED OFFICIAL	17. DATE/TIME PREPARED:

**GUIDELINES FOR COMPLETING
INITIAL INFORMATION, BED AND TRANSPORTATION REQUESTS
FORM (DC EHC EVAC 1)**

- *Section 1: List the name of the facility evacuating.*
- *Section 2: List date the facility evacuation was started.*
- *Section 3: Document POC for evacuating facility. This individual should be capable of receiving calls/information from the jurisdiction, HCRT, or donating facilities.*
- *Section 4: List methods for contacting the POC of the evacuating facility.*
- *Section 5: Briefly describe the hazard impact that is necessitating the evacuation of the facility.*
- *Section 6: Check the appropriate box describing the timeline for the evacuation of patients.*
- *Section 7: List the initial projected number of patients that will require placement.*
- *Section 8: List patient staging locations. Attach map as relevant.*
- *Section 9: List best points of transport vehicle access to the facility.*
- *Section 10: List other immediate needs of the evacuating facility (these descriptions may be initially broad – more specifics can be provided on page 2 of this form).*
- *Section 11: List the numbers of beds requested according to specific type. This information may not be initially available but should be documented as the information is known.*
- *Section 12: List the specific types of transportation needed with accompanying numbers. This information may not be initially available but should be documented as the information is known.*
- *Section 13: List specific personnel requested at the evacuating facility. They may best be described by listing tasks requested individuals may need to perform. List accompanying numbers of personnel, expected duration of use, and reporting location. Expand form electronically as needed (or use attached loose leaf paper).*
- *Section 14: List specific equipment (durables, non-durables, pharmaceuticals, etc.) requested at evacuating facility. List accompanying numbers of each, expected duration of use, and reporting*

location. Expand form electronically as needed (or use attached loose leaf paper).

- Section 15: Document title and name of official authorized to make requests from supported (evacuating) facility.*
- Section 16: Official authorized to make requests from supported (evacuating) facility signs form.*
- Section 17: Date and time the form at the time it has been completed/last updated.*

Attachment 2: Patient checklist for evacuating and receiving facilities

PATIENT/RESIDENT FORM FOR EVACUATING (SUPPORTED) AND RECEIVING (ASSISTING) FACILITIES		DCEHC Evac 2 Page 1 of 2 REV. 7 13 09
<p><i>This form is designed to document critical actions and information on each patient that is evacuated to a receiving facility. The first portion of the form should be completed by personnel at the evacuating facility as patients are loaded into transporting vehicles (retain, but send copy with patient). The second portion of the form is filled out by personnel at the receiving facility (retain but send copy via FAX/email to the HCRT).</i></p>		Evacuating facility
		Receiving facility
<p>1. PATIENT/RESIDENT FULL NAME (Last, First, Middle):</p> <p style="text-align: right;">i. DATE OF BIRTH: _____ ii. MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></p>		
<p>2: TRIAGE TAG NUMBER:</p> <p><input type="checkbox"/> RED <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN</p>	<p>3: MEDICAL RECORD NUMBER:</p>	
<p>4: PATIENT/RESIDENT ISOLATION NECESSARY?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, LIST TYPE(S): _____</p>		
<p>5: INTENDED DESTINATION:</p> <p>FACILITY:</p> <p>UNIT:</p> <p>RECEIVING PHYSICIAN NOTIFIED (IF APPROPRIATE)?: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
6: TRANSPORTING SERVICE		
TRANSPORTING AGENCY:		
UNIT NUMBER/LICENSE PLATE:		
CAPABILITY:	<input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> CRITICAL CARE	
CREW MEMBER NAME A:		
CREW MEMBER NAME B:		
FACILITY PERSONNEL WITH TRANSPORT (NAMES):		
FACILITY EQUIPMENT WITH TRANSPORT (MAJOR EQUIPMENT ONLY):		
DEPARTURE TIME:		
7: PATIENT/RESIDENT INFORMATION		
PATIENT DIAGNOSIS (LIST ALL MAJOR):		
ALLERGIES:		
<p>SPECIAL CONSIDERATIONS:</p> <p><input type="checkbox"/> DNR <input type="checkbox"/> ASPIRATION RISK <input type="checkbox"/> SEIZURE PRECAUTION <input type="checkbox"/> FALL RISK <input type="checkbox"/> ELOPMENT</p> <p><input type="checkbox"/> OTHERS:</p>		

		DCEHC Evac 2 Page 2 of 2 REV. 7 13 09
8: CRITICAL PATIENT/RESIDENT ACTIONS		
HAS LEGIBLE, INTACT ID BAND ON?:		<input type="checkbox"/>
MEDICAL RECORD WITH MEDICATION LIST WITH PATIENT/RESIDENT?:		<input type="checkbox"/>
IF EMR – REMOTE ACCESS METHOD PROVIDED?:		<input type="checkbox"/>
RADIOGRAPHIC AND LATEST LAB INFORMATION WITH PATIENT/RESIDENT?:		<input type="checkbox"/>
NECESSARY EQUIPMENT AND MEDICATIONS PROVIDED FOR TRANSPORT?:		<input type="checkbox"/>
PATIENT/RESIDENT CONSENT TO TRANSFER?:		<input type="checkbox"/>
ATTENDING PHYSICIAN NOTIFIED?:		<input type="checkbox"/>
FAMILY NOTIFIED?:		<input type="checkbox"/>
9: EVACUATING FACILITY SIGNATURE		
NAME OF INDIVIDUAL COMPLETING EVACUATION INFORMATION:	SIGNATURE:	TIME/DATE EVACUATION INFORMATION COMPLETED:
10. RECEIVING FACILITY INFORMATION		
RECEIVING FACILITY:		
RECEIVING UNIT:		
PHONE CONTACT (IF APPROPRIATE):		
TIME OF ARRIVAL:		
ACCOMPANYING PATIENT/RESIDENT:		
<input type="checkbox"/> MEDICATIONS <input type="checkbox"/> EQUIPMENT <input type="checkbox"/> MEDICAL RECORD(S) <input type="checkbox"/> EVACUATING FACILITY PERSONNEL		
NOTIFICATIONS:		
<input type="checkbox"/> FAMILY <input type="checkbox"/> EVACUATING FACILITY <input type="checkbox"/> HCRT (SEND THIS FORM WHEN COMPLETED) <input type="checkbox"/> INSURER/GUARANTOR		
PRIOR PHYSICIAN OFFERED EMERGENCY PRIVILEGES?: <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF INDIVIDUAL AT RECEIVING FACILITY COMPLETING FORM:	SIGNATURE:	TIME/DATE RECEIVING INFORMATION COMPLETED:

GUIDELINES FOR COMPLETING PATIENT/RESIDENT FORM FOR EVACUATING (SUPPORTED) AND RECEIVING (ASSISTING) FACILITIES – DCEHC EVAC 2

Sections to be completed by evacuating (supported) facility

- *Section 1: List the name of patient (last, first, middle), date of birth, and check appropriate box for gender.*
- *Section 2: List EMS triage tag number (as available) and check box indicating EMS triage tag color.*
- *Section 3: List medical record number as assigned by evacuating facility.*
- *Section 4: Indicate whether patient isolation is necessary or not and type indicated.*
- *Section 5: List intended destination for patient and specific unit (if available). If appropriate (i.e. not an emergent evacuation), indicate whether receiving physician has been notified.*
- *Section 6: Record all available relevant parameters regarding transporting unit. Make sure to indicate whether evacuating facility personnel and/or major items of equipment are accompanying patient to receiving facility.*
- *Section 7: Record all relevant patient information regarding diagnosis, allergies, and special considerations.*
- *Section 8: Use this checklist to make sure indicated critical action items have been addressed before patient has been loaded for transport.*
- *Section 9: Individual filling out form prints name, signs, and dates form.*

Sections to be completed by receiving (assisting) facility

- *Section 10: Fill out indicated information regarding patient receipt. Use the remainder of section 10 as a checklist to make sure indicated critical action items have been addressed. Sign and date form. **IMPORTANT: MAKE SURE TO SEND THIS FORM (FAX, EMAIL, etc) TO THE HCRT VIA THE REQUESTED METHOD ONCE PATIENT HAS BEEN RECEIVED.***

Attachment 3: Mutual Aid & Other Assistance Offer Form

PART I: TO BE COMPLETED BY THE ASSISTING HEALTHCARE ORGANIZATIONS	DCEHC Mutual Aid & Other Assistance OFFER Form 2 PAGE 1 of 2 (7 13 09)
<i>This form is used to document initial and follow on information regarding offers of assistance to a supported healthcare organization (Part I), and approval from the supported organization (Part II). Its intended use is by the assisting organization facility but may also be utilized by the HCRT if facilitating the process.</i>	Assisting Organization
	Supported Organization

DC Emergency Healthcare Coalition MUTUAL AID & OTHER ASSISTANCE OFFER FORM DC EHC Mutual Aid Form 2, July 1 09		ASSISTING ORGANIZATION:
		INCIDENT:
a. Contact Person:	b. Telephone () _____ - _____	c. Fax () _____ - _____
d. Resource Kind and Resource Type Available (indicate number of each resource available): Personnel:		
Equipment/Supplies (to include pharmaceuticals and transportation assets):		
Facilities:		
e. Date & Time of Resource Availability From:	f. To:	
g. Staging Area Location at assisting facility:		
h. Approx. Daily Cost (Labor) \$	i. Approx. Total Labor Cost (per period) \$	
j. Approx. Hourly Cost (Equipment) per type \$	k. Approx. Total Cost Equipment \$	
l. Estimated Transportation Costs from Home Base to Staging Area and Return: \$		
m. Temporary loan with no associated costs: Yes/No	n. If cost associated, total (labor, equip, transportation, replacement): \$	
o. Logistics Support Required from Supported Entity (For more space, attach Part III):		

Evacuation Functional Annex to
DC Emergency Healthcare Coalition's EOP

		DCEHC Mutual Aid & Other Assistance OFFER Form 2 PAGE 2 of 2 (7 13 09)	
p. Additional Stipulations for Resource Sharing Entity (For more space, attach Part III):			
q. Authorized Official's Name:		r. Title:	
s. Authorized Official's Signature:		t. Assisting Organization:	
u. Dated:	v. Time:	Hrs:	
PART II: SUPPORTED ORGANIZATION'S APPROVAL			
a. Authorized Official's Name Accepting Assistance:		b. Title:	
c. Electronic or Actual Signature:		d. Supported Organization:	
e. Dated: / /		f. Time:	
PART III: EXPANSION OF OFFERS / MISCELLANEOUS ITEMS / OTHER MISSION INFORMATION			

**GUIDELINES FOR COMPLETING
DCEHC MUTUAL AID AND OTHER ASSISTANCE OFFER FORM –
DCEHC MUTUAL AID FORM 2**

*NOTE: One form should be utilized for each type of resource being offered.
Sections to be completed by assisting facility*

- List the name of the assisting organization and the incident name.*
- Section a: List name of individual who can be contacted at assisting organization for more information regarding offers of assistance.*
- Section b: List telephone number for this representative from the assisting organization.*
- Section c: List Fax number for this representative from the assisting organization.*
- Section d: List resource that is being offered by kind and type. **Please use plain English to describe each resource and indicate numbers of each that are available.** Expand form electronically or attach paper as necessary.*
- Section e: Indicate time resource will be available.*
- Section f: Indicate time when resource will be required back at assisting facility (as appropriate for resource).*
- Section g: List staging area at assisting facility where resource may be picked up.*
- Section h and i: For personnel resources, indicate appropriate labor costs.*
- Section j and k: For equipment resources, indicate appropriate hourly and total costs.*
- Section l: List estimated transportation costs for resource if assisting organization will bring to supported organization.*
- Section m: Check this box only if resource will be loaned with no expectation for reimbursement.*
- Section n: List total predicted costs for resource indicated on this form.*
- Section o and p: Indicate whether other logistical requirements or stipulations apply to the offered resource. Use part III to elaborate.*
- Section q, r, and s: Individual from assisting organization authorized to offer resources prints name, title and signs form.*

- *Section t: List name of assisting organization.*
- *Section u and v: List time and date Part I and III filled out*

Sections to be completed by supported organization when it has been decided to accept offer of the resource.

- *Section a, b, and c. Individual from supported organization authorized to accept offer of resource prints name, title, and signs form.*
- *Section d: List name of supported organization.*
- *Section e and f: List time and date Part II filled out.*

Copies of this form should be kept by both assisting and supported organization on file.

Attachment 4: Resource tracking at supported facility

RESOURCE TRACKING AT SUPPORTED FACILITY				DCEHC Mutual Aid Form 3 Page 1 of 2 REV. 7 13 09	
<i>This form is designed to facilitate tracking of donor resources sent to the supported facility to maintain accountability. The HCRT Operations Section, at the request of the assisting facilities, performs this service using this form; alternatively, the supported facility is expected to use the form to conduct this activity.</i>				HCRT Operations Section	
1. SUPPORTED FACILITY:			2. DATE/TIME ASSISTANCE INITIATED:		
3. PERSONNEL DONATED (EXPAND AS NEEDED)					
NAME & TITLE:	REPORTING LOCATION:	FROM ASSISTING FACILITY:	ARRIVAL TIME:	DEPARTURE TIME:	

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4: EQUIPMENT DONATED (EXPAND AS NEEDED)				
ITEM DESCRIPTION (AND SERIAL # IF APPROPRIATE):	NUMBER:	FROM ASSISTING FACILITY:	ARRIVAL TIME:	TIME RETURNED:

5: FACILITIES DONATED (OTHER THAN PATIENT BEDS)				
FACILITY DONATED	FACILITY LOCATION	ASSISTING FACILITY:	TIME/DATE IN USE:	TIME/DATE RETURNED:

6: HCRT SIGNATURE			
DCEHC Mutual Aid Form 2 A Page 2 of 2 REV. 7 13 09	NAME AND TITLE OF INDIVIDUAL FILLING OUT FORM:	SIGNATURE:	DATE/TIME PREPARED:

**GUIDELINES FOR COMPLETING
RESOURCE TRACKING AT SUPPORTED FACILITY (DC EHC
Mutual Aid Form 3)**

This form is designed to facilitate tracking of donor resources sent to the supported facility. The HCRT Operations Section would usually fill out this form though the supported facility may wish to similarly track donations for accountability.

- *Section 1: Document name of supported facility.*
- *Section 2: Document date of incident.*
- *Section 3: List names of personnel sent to supported facility. Include designated reporting location, facility donated from, arrival time, and ultimately, departure time.*
- *Section 4: List types of equipment and other supplies provided to supported facility. Include number of items, assisting facility, and arrival time. Ultimately, document return time if appropriate.*
- *Section 5: List facilities (other than patient beds) that have been donated to supported facility. Document facility location, associated assisting facility, time in use and ultimately, time returned.*
- *Section 6: HCRT individual preparing form documents name, signs, and provides time and date stamp.*

Attachment 5: Tracking supported (evacuating) facility representatives at assisting facilities

SUPPORTED (EVACUATING) FACILITY REPRESENTATIVES AT ASSISTING FACILITIES				DCEHC Evac 3 REV. 05/19/09	
<p><i>This form is designed to facilitate tracking of supported (evacuating) facility representatives at assisting facilities for accountability purposes. This form is used by the HCRT Operations Section if this service is requested; alternatively, the supported facility may use this form to perform the service itself.</i></p>				HCRT Operations Section	
1. FACILITY EVACUATING:			2. DATE EVACUATION INITIATED:		
3. SUPPORTED (EVACUATING) FACILITY REPRESENTATIVES AT ASSISTING FACILITIES (EXPAND AS NEEDED)					
NAME:	CONTACT METHOD:	ASSISTING FACILITY AND LOCATION IN FACILITY:	ARRIVAL TIME:	DEPARTURE TIME:	
4: HCRT SIGNATURE					
DCEHC Evac 3 REV. 05/19/09	NAME AND TITLE OF INDIVIDUAL FILLING OUT FORM:	SIGNATURE:		DATE/TIME PREPARED:	

**GUIDELINES FOR COMPLETING
SUPPORTED (EVACUATING) FACILITY REPRESENTATIVES AT
ASSISTING FACILITIES (DC EHC EVAC 3)**

This form is designed to facilitate tracking of supported (evacuating) facility representatives at assisting facilities. The HCRT Operations Section would usually fill out this form though the supported facility may wish to similarly track personnel for accountability.

- *Section 1: Document name of supported (evacuating) facility.*
- *Section 2: Document date evacuation initiated.*
- *Section 3: List names of personnel sent from supported facility to assisting facilities. Include method of contact, facility and location they have been assigned to, arrival time, and ultimately, departure time.*
- *Section 4: HCRT individual preparing form documents name, signs, and provides time and date stamp.*

Attachment 6: Tracking supported (evacuating) facility personnel at assisting facilities

SUPPORTED (EVACUATING) FACILITY CLINICAL PERSONNEL AT ASSISTING FACILITIES				DCEHC Evac 4 REV. 05/19/09	
<i>This form is designed to facilitate tracking of supported (evacuating) facility personnel sent to work with patients at assisting facilities. The HCRT Operations Section would usually fill out this form though the supported facility may wish to similarly track personnel for accountability.</i>				<u>HCRT Operations Section</u>	
1. FACILITY EVACUATING:			2. DATE EVACUATION INITIATED:		
3. SUPPORTED (EVACUATING) FACILITY CLINICAL PERSONNEL AT ASSISTING FACILITIES (EXPAND AS NEEDED)					
NAME:	CONTACT METHOD:	ASSISTING FACILITY AND LOCATION IN FACILITY:	ARRIVAL TIME:	DEPARTURE TIME:	
4: HCRT SIGNATURE					
DCEHC Evac 4 REV. 05/19/09	NAME AND TITLE OF INDIVIDUAL FILLING OUT FORM:	SIGNATURE:		DATE/TIME PREPARED:	

**GUIDELINES FOR COMPLETING
SUPPORTED (EVACUATING) FACILITY CLINICAL PERSONNEL
AT ASSISTING FACILITIES (DC EHC EVAC 4)**

This form is designed to facilitate tracking of supported (evacuating) facility clinical personnel at assisting facilities. The HCRT Operations Section would usually fill out this form though the supported facility may wish to similarly track personnel for accountability.

- *Section 1: Document name of supported/evacuating facility.*
- *Section 2: Document date evacuation initiated.*
- *Section 3: List names of personnel sent from supported facility to assisting facilities. Include method of contact, facility and location they have been assigned to, arrival time, and ultimately, departure time.*
- *Section 4: HCRT individual preparing form documents name, signs, and provides time and date stamp.*

Attachment 7: Reimbursement request for mutual aid

DC Emergency Healthcare Coalition EMERGENCY MANAGEMENT MUTUAL AID AND OTHER ASSISTANCE REIMBURSEMENT SUMMARY FORM DC EHC Mutual Aid Form 4, July 1 09 For the use of this form, see DC EHC Mutual Aid Agreement and Resource Functional Annex						DCEHC Mutual Aid Form 4 Page 1 of 2 REV. 07/01/09		
Parties to DCEHC mutual aid actions accept that personnel costs begin when the resource assistance is dispatched and are reimbursed to the assisting organization. Expendable equipment and supplies provided through Mutual Aid are reimbursed at the cost to the assisting organization. The receiving organization should have signed Part II of the Mutual Aid Form & Cooperative Assistance Offer Form 1-A.								
PART I:								
a. INCIDENT DESCRIPTION:					b. INCIDENT DATE(S):			
c. SUBMITTED TO THE SUPPORTED DCEHC MEMBER ORGANIZATION:								
d. SUBMITTED BY THE ASSISTING ORGANIZATION:								
e. FOR RESOURCES AS SPECIFIED IN THE DCEHC MUTUAL AID MOU:								
f. COPIES OF RECEIPTS AND PAYMENT VOUCHERS FOR EACH CLAIM ARE ATTACHED:						<input type="checkbox"/> YES <input type="checkbox"/> NO		
PART II: PERSONNEL COST SUMMARY								
PERSONNEL TYPE	NUMBER OF PERSONNEL	REGULAR TIME	OVER TIME	BENEFITS		SUBTOTAL		
		Rate \$ /	Rate \$ /	Total \$		Total \$		
		Total\$	Total\$					
		Rate \$ /	Rate \$ /	Total \$		Total \$		
		Total\$	Total\$					
		Rate \$ /	Rate \$ /	Total \$		Total \$		
		Total\$	Total\$					
		Rate \$ /	Rate \$ /	Total \$		Total \$		
		Total\$	Total\$					
		Rate \$ /	Rate \$ /	Total \$		Total \$		
		Total\$	Total\$					
TOTAL PERSONNEL COSTS:							\$	

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PART III: EQUIPMENT (TO INCLUDE TRANSPORTATION), SUPPLIES (TO INCLUDE PHARMACEUTICALS), AND FACILITIES SUMMARY		
LOANED DURABLE EQUIPMENT & SUPPLIES COSTS Summarized from _____ Forms	Separate documentation is required for each resource type, with quantity, date/time of loaned items, replacement, and/or rehabilitation costs. Photographs and a detailed narrative must accompany requests for reimbursement for costs accrued due to damaged equipment.	\$
EXPENDABLE EQUIPMENT & SUPPLIES Summarized from _____ Forms	Separate documentation is required for each resource type, with quantity, location delivered and date/time, and cost of each resource type.	\$
FACILITIES (OTHER THAN PATIENT BEDS) LOANED Summarized from _____ Forms	Separate documentation is required for each facility loaned to supported organization to include location, rent based upon square footage per day, rehabilitation costs and other associated costs.	\$
OTHER COSTS (Explain in remarks section)	Assisting Entity will not charge for incidental expenses that are not directly related to Mutual Aid Assistance, such as staff time to prepare for deployment or to prepare the Request for Reimbursement.	\$
TOTAL EQUIPMENT, SUPPLIES & FACILITIES COSTS		\$
f. Remarks:		
PART IV: TOTAL MUTUAL AID COSTS		
GRAND TOTAL COSTS Each Requesting entity will reimburse each supporting/ assisting entity agency/locality/organization for its deployment-related costs in one lump-sum payment.		a. \$
b. CERTIFIED AND AUTHORIZED BY (Please Print/Type):		c. SIGNATURE:
d . TITLE:		e. DATE:

DC EHC Mutual Aid Form 4

**GUIDELINES FOR COMPLETING
EMERGENCY MANAGEMENT MUTUAL AID AND OTHER
ASSISTANCE REIMBURSEMENT SUMMARY FORM (DC EHC
MUTUAL AID FORM 4)**

This form is designed to permit assisting organizations to document costs associated with the provision of mutual aid and other assistance to other organizations. It should be filled out as completely as possible and included with any necessary documentation (e.g. invoices) when submitted to the supported organization for reimbursement.

Part I

- *Section a: List description of incident related to resource use.*
- *Section b: List dates of incident*
- *Section c: List name of organization receiving this form (i.e. the organization that compensation is being sought from)*
- *Section d: List name of organization seeking compensation.*
- *Section e: List general names of resources involved (e.g. clinical personnel, facilities, etc.)*
- *Section f: Indicate whether appropriate documentation is being included/attached to this form to support invoice claim.*

Part II

- *For each type of personnel, list numbers used, regular and overtime pay, benefits, and subtotal for time utilized. For personnel types with different pay rates, utilize different rows expanding sheet as necessary. Indicate personnel total costs at bottom of Part II.*

Part III

- *List costs associated with durable equipment and supplies to include replacement and rehabilitation costs. For expendables, list costs associated with these items. For facilities (other than patient beds) list associated costs for time of use.*

- *For each of the above resources, indicate whether attached forms summarize costs and whether appropriate documentation (e.g. bills) are attached.*
- *Other costs not included in the above should be indicated with explanation in the "OTHER COSTS" section.*
- *List total Equipment, supplies, and facilities costs.*

Part IV

- *Section a: List total costs of all resources.*
- *Section b, c, and d: Name of authorized individual from assisting organization submitting invoice lists name, title, and signs form.*
- *Section e: List date form completed.*

Attachment 8: HCRT Operational Checklist – Evacuation

- After receiving initial notification, Duty Officer should contact the facility POC to request clarifying information. Utilize HCRT 201 to document relevant information.
- Prompt POC from evacuating facility(s) for DCEHC Evac 1 (attachment #1) ASAP. Page one should be immediate. Page 2 should be as soon as information is available.
- Initiate HCRT transitional management meeting by contacting available duty officers through HAN.
- Utilize transitional management meeting to:
 - Establish HCRT Leader
 - Establish HCRT response objectives
 - Establish need for HCRT to include Resource Tracking Facilitation and Patient Tracking Specialist positions
 - Request assistance as needed from neighboring jurisdiction Coalitions
 - Document HCRT 207 (post on HIS)
- If not already done, initiate ALERT to member organizations providing incident status and directions for documenting available resources over HIS
- Confirm appropriate jurisdictional agencies have been notified of incident (most commonly DC FEMS, DC DOH, DC HSEMA).
- Confirm that neighboring Coalitions (as appropriate) have been notified of incident (done in conjunction with DOH). This is done through the CNC
- Aggregate evacuation bed needs utilizing DC EHC Evac 3 (attachment 9)
- Collect and aggregate (if indicated) information on offered resources
 - Member organizations: consider use of resource teleconference if requests are complex or requests relate to resources at organizations without HIS access (e.g. nursing homes)
 - Jurisdiction: post availability on HIS
 - Neighboring Coalitions: post availability on HIS
- Provide appropriate documentation to Supported and Assisting organizations to complete offers of assistance
- Assist Supported organization(s) in establishing contact with Assisting organizations (as necessary)
- Interface with DC ESF 8 as requested to assist in provision of information that will facilitate out of City evacuations.
- If requested by VA Medical Center, support VA's actions in receiving and distributing NDMS patients transported to the National Capitol Area for hospital admission.
- Provide assistance with resource tracking as requested.

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- Provide support with patient tracking by receiving completed DCEHC Evac 2 forms from Assisting organizations (provide location and method to all organizations through a notification message)
- Conduct SPG teleconference as indicated

Attachment 9: Summary Bed Requests From Jurisdiction

Summary of Bed Requests: Initial information and Follow on Requests		DCEHC Evac 3 PAGE 1 of ___ 3 28 12
<i>This form is designed to document initial and follow on summary information regarding bed needs of evacuating (supported) residential healthcare facilities in a jurisdiction (i.e. DC facilities out of DC, or neighboring jurisdiction facilities into DC). It is intended for use by the HCRT to summarize bed needs and information contained mirrors DCEHC Evac 1 to be filled out by individual facilities.</i>		HCRT Operations Chief
1. REASON FOR EVACUATION(S):	2. DATE EVACUATION(S) INITIATED:	
3. PROJECTED TIME FRAME FOR EVACUATION <input type="checkbox"/> EMERGENT (MINUTES) <input type="checkbox"/> URGENT (HOURS) <input type="checkbox"/> SEMI-URGENT (DAYS)		
4. TOTAL INITIAL PROJECTION OF NUMBER PATIENTS REQUIRING EVACUATION AND PLACEMENT:		
5. TOTAL NUMBER OF FACILITIES AFFECTED (map attached: <input type="checkbox"/> yes <input type="checkbox"/> no): <ul style="list-style-type: none">• Hospitals: _____• Skilled Nursing Facilities _____• Other _____		
6. CENTRALIZED PATIENT PICK UP LOCATIONS ESTABLISHED (Y N). If yes, locations: 1) 2) 3) 4)		
7. OTHER IMMEDIATE NEEDS		
8. NUMBER OF ATTACHED PAGES: _____		

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9. TITLE AND NAME OF AUTHORIZED OFFICIAL		10. SIGNATURE OF AUTHORIZED OFFICIAL	11. DATE/TIME PREPARED:
HOSPITAL _____ SPECIFIC PATIENT BED REQUESTS		DCEHC Evac 3 PAGE 2 of ____ 3 28 12	
POC: _____ METHOD OF CONTACT: _____			
BED TYPE		NUMBER REQUESTED	
Burn			
Medical/Surgical Adult TELEMTRY			
Medical/Surgical Adult NON-TELEMTRY			
Medical/Surgical Pediatric TELEMTRY			
Medical/Surgical Pediatric NON-TELEMTRY			
ICU (to include step down beds)			
Pediatric ICU			
Neonatal ICU			
Psychiatry			
Operating room			
Obstetrics (Labor and Delivery)			
Neonates			
Negative pressure isolation			
HOSPITAL _____ SPECIFIC PATIENT BED REQUESTS			
POINT OF CONTACT: _____		METHOD OF CONTACT: _____	
BED TYPE		NUMBER REQUESTED	
Burn			
Medical/Surgical Adult TELEMTRY			
Medical/Surgical Adult NON-TELEMTRY			
Medical/Surgical Pediatric TELEMTRY			
Medical/Surgical Pediatric NON-TELEMTRY			
ICU (to include step down beds)			
Pediatric ICU			
Neonatal ICU			
Psychiatry			
Operating room			
Obstetrics (Labor and Delivery)			
Neonates			
Negative pressure isolation			
HOSPITAL _____ SPECIFIC PATIENT BED REQUESTS			
POINT OF CONTACT: _____		METHOD OF CONTACT: _____	
BED TYPE		NUMBER REQUESTED	
Burn			
Medical/Surgical Adult TELEMTRY			
Medical/Surgical Adult NON-TELEMTRY			
Medical/Surgical Pediatric TELEMTRY			
Medical/Surgical Pediatric NON-TELEMTRY			
ICU (to include step down beds)			
Pediatric ICU			
Neonatal ICU			

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Psychiatry	
Operating room	
Obstetrics (Labor and Delivery)	
Neonates	
Negative pressure isolation	
SKILLED NURSING FACILITY _____ SPECIFIC PATIENT BED REQUESTS	DCEHC Evac 3 PAGE ___ of ___ 3 28 12
POC: _____ METHOD OF CONTACT: _____	
BED TYPE – NURSING HOME	
Long Term	
Skilled/Medicare	
Isolation	
Dementia	
Rehabilitation	
SKILLED NURSING FACILITY _____ SPECIFIC PATIENT BED REQUESTS	
POC: _____ METHOD OF CONTACT: _____	
BED TYPE – NURSING HOME	
Long Term	
Skilled/Medicare	
Isolation	
Dementia	
Rehabilitation	
SKILLED NURSING FACILITY _____ SPECIFIC PATIENT BED REQUESTS	
POC: _____ METHOD OF CONTACT: _____	
BED TYPE – NURSING HOME	
Long Term	
Skilled/Medicare	
Isolation	
Dementia	
Rehabilitation	
SKILLED NURSING FACILITY _____ SPECIFIC PATIENT BED REQUESTS	
POC: _____ METHOD OF CONTACT: _____	
BED TYPE – NURSING HOME	
Long Term	
Skilled/Medicare	
Isolation	
Dementia	
Rehabilitation	

**GUIDELINES FOR COMPLETING
Summary Bed Requests from Jurisdiction (DC EHC EVAC 3)**

- *Section 1: List reason for evacuations (e.g. Mayoral order, utility disruption, etc.)*
- *Section 2: List date the facility evacuation was started.*
- *Section 3: Check the appropriate box describing the timeline for the evacuation of patients.*
- *Section 4: List the initial projected number of patients that will require placement.*
- *Section 5: List total number of facilities affected and types. Indicate whether map attached or not..*
- *Section 6: Indicate whether centralized patient pick up locations have been established or not. If so, list locations.*
- *Section 7: List other immediate needs of the evacuating facilities (form can be expanded or additional pages attached as needed)*
- *Section 8: List the numbers of pages attached to this cover sheet. Additional pages of DC EHC Evac 3 are utilized to indicate beds requested according to specific type.*
- *Section 9: Document title and name of official authorized to make requests from supported (evacuating) facility.*
- *Section 10: Official authorized to make requests from supported (evacuating) facility signs form.*
- *Section 11: Date and time the form at the time it has been completed/last updated.*