Nevada Statewide
Medical Surge Plan

Updated 2016

This Page Intentionally Left Blank

Table of Contents

This Page Intentionally Left Blank

DPBH Vision and Mission Statement

Nevada Statewide Medical Surge Plan Signature Page

The Division of Public and Behavioral Health vision, is the foundation for improving Nevada's health. It is the mission of the Division of Public and Behavioral Health to **"protect, promote and improve the physical and behavioral health of the people in Nevada."** Working in partnership with consumers, families, advocacy groups, agencies, and diverse communities, the Division of Public and Behavioral Health provides responsive services and informed leadership to ensure quality outcomes.

The Nevada Statewide Medical Surge Plan is an all-hazards plan that works in conjunction with the Nevada Division of Emergency Management's State Comprehensive Emergency Management Plan (SCEMP) and serves as the document to assist with the deployment of requested resources in a time of need for the citizens, and visitors to the State of Nevada. The Public Health Preparedness (PHP) Program employees are required to familiarize themselves with this plan, participate in PHP training and exercises, and be prepared to implement the Nevada Statewide Medical Surge Plan if it is activated during a real event or exercise.

Signed by: Chad Warren Westom Date: 11.15.16
Chad Westom, PAIS Bureau Chief (DPBH)

Signed by: J.P.C. Date: 4/24/17
Joe Pollock, Deputy Administrator (DPBH)

Signed by: Cody L. Phinney Date: 4/24/17
Cody L. Phinney, Administrator (DPBH)

Signed by: Date: 4/24/2017
Dr. John DiMuro, Chief Medical Officer (DPBH)

SECTION I: GENERAL CONSIDERATIONS AND PLANNING ASSUMPTIONS

INTRODUCTION

This plan was originally developed by the Nevada Statewide Medical Surge Working Group (SMSWG) and funded by Nevada's Department of Homeland Security 2008 grant awarded to the Nevada Hospital Association. The SMSWG is convened by the State of Nevada Division of Public and Behavioral Health (DPBH) and meets as needed to develop plans and address medical surge issues within the state of Nevada. The SMSWG consists of stakeholders from state, county, local and private organizations who would be directly involved in a medical surge event. Representatives from the federal sector and tribal nations are also included in the SMSWG.

Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

PURPOSE AND SCOPE

This is an all-hazards response plan and applies to all planned and unexpected events that may necessitate a surge of hospital and other healthcare resources within Nevada. Emergency planners must consider surge events as scalable, meaning they may increase and decrease over time depending on the type of event and will require internal and external stakeholders to work together. This document is meant to serve as a guide and not to replace sound judgment or anticipate all situations and contingencies. These guidelines are meant to optimize health and medical resources in order to maintain the continuation of healthcare delivery in the event of an emergency that overwhelms existing resources.

This plan is intended to provide guidance for a statewide medical surge in Nevada during an event that results in an influx of patients above and beyond the scope of normal day-to-day operations. The event could include an overwhelming number of patients, or it may involve a surge in the number of patients requiring a specific level of care that local healthcare organizations are unable to accommodate. This includes man-made as well as natural disasters. This plan serves as a basis to enhance the coordination between the local, county, regional and state agencies, tribal nations, federal agencies and the healthcare system in order to provide a coordinated response to a large-scale medical surge event.

SITUATION

Population

The state of Nevada has a population of approximately 2.8 million people (U.S. Census Bureau, 2015). This figure does not take into account the significant visitor population. The average number of visitors to Nevada annually totals approximately 54 million (Nevada Commission on Tourism, 2015). Population density ranges from 0.3 individuals per square mile in Esmeralda County to 383.0 individuals per square mile in Carson City; the average population density is 25.8 individuals per square mile (Nevada State Demographers Office, 2014).

The state is considered by most as a rural and frontier state; however, most residents reside in urban areas in either Washoe or Clark County. While rural and frontier counties represent only 10.1% of the state's population, these counties cover 86.9% of the state's land mass of 95,431 square miles. The state is home to 27 federally recognized Tribal Nations and four major military installations. Currently the state has 38 hospitals and 5,982 licensed beds to care for the residents of Nevada; this count includes federal facilities. The tables below add further detail to regional and geographic population and licensed bed statistics. More detailed information may be found in each of the Regional Annexes of this Plan.

Population in Nevada by County – 2014 to 2018

Region/County	Population				
	2014	2015	2016	2017	2018
RURAL AND FRONTIER					
Churchill County	25,461	25,665	25,901	26,186	26,504
Douglas County	48,208	48,003	47,877	47,828	47,847
Elko County	54,301	54,993	55,527	56,038	56,562
Esmeralda County	912	959	997	1,029	1,053
Eureka County	2,056	2,069	2,073	2,085	2,107
Humboldt County	17,909	18,248	18,492	18,653	18,755
Lander County	6,569	6,708	6,775	6,787	6,757
Lincoln County	5,075	5,117	5,148	5,172	5,188
Lyon County	53,331	53,639	54,216	55,391	56,755
Mineral County	4,486	4,356	4,258	4,197	4,162
Nye County	44,919	45,081	45,258	45,461	45,680
Pershing County	6,977	7,031	7,047	7,034	7,019
Storey County	4,030	4,037	4,052	4,066	4,089
White Pine County	10,262	10,345	10,365	10,339	10,279
Region Subtotal	**284,496**	**286,251**	**287,986**	**290,266**	**292,757**

Population in Nevada by County – 2014 to 2018

URBAN					
Carson City	54,772	55,098	55,576	56,358	57,243
Clark County	2,051,946	2,069,967	2,085,920	2,103,756	2,120,173
Washoe County	437,580	443,745	450,687	458,808	467,565
Region Subtotal	2,544,298	2,568,810	2,592,183	2,618,922	2,644,981
Nevada – Total	**2,828,794**	**2,855,061**	**2,880,169**	**2,909,188**	**2,937,738**

Source: Nevada State Demographer's Office (2014)

Nevada Visitor Statistics								
	2013				2014			
Area:	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Las Vegas	9,697,611	10,160,031	10,138,744	9,671,835	10,207,958	10,491,513	10,435,290	9,991,751
Laughlin	507,844	546,874	545,183	445,073	516,386	574,215	522,806	433,725
Mesquite	265,091	274,107	224,854	247,193	309,668	301,729	259,791	275,977
Washoe County	1,021,342	1,248,247	1,359,760	1,035,164	1,013,055	1,259,564	1,354,302	1,066,762
All Other Counties	759,000	1,452,333	1,501,667	996,333	683,667	1,315,667	1,396,667	1,136,000
Total (State):	**12,250,888**	**13,681,592**	**13,770,208**	**12,395,598**	**12,730,734**	**13,942,688**	**13,968,856**	**12,904,215**
Total (State) per year:				**52,098,286**				**53,546,493**

Source: Nevada Commission on Tourism (2015)

Nevada healthcare staffed and licensed bed numbers based on facility type can be found in https://EMResource.emsystem.com/login. If you do not have a login credential for the system, please contact the Nevada EMResource Systems Administrator (775-684-3242) to verify eligibility. All EMResource data is reported to the U.S. Department of Health and Human Services (HHS).

Below are reports of Acute Care bed numbers at general hospitals based on the three regions of the state as reported through the Nevada Division of Health Care Financing and Policy (DHCFP), 4th Quarter, 2015. *Please note, the following reported bed numbers are subject to change quarterly, and will only be updated in this Plan upon annual review and revision*.

ACUTE CARE LICENSED BEDS BY REGION

Medical Surge Plan Southern NV Region 1 LICENSED BEDS - Acute Care (Nevada Division of Health Care Financing and Policy Classifications, 4th Qtr. 2015)	Med/Surg (Ward)	Medical ICU (ICU)	Coronary Care Unit (CCU)	Total Adult Beds	Pediatrics	Pediatric ICU (PICU)	Neonatal ICU (NICU)	Total Pediatric Beds			Total # Beds Excluding Psych, Substance Abuse, Rehab, and SNF
Bed Poll (Type)	**Adult Licensed Beds**				**Pediatric Licensed Beds**						
Centennial Hills Hospital Medical Center	143	32	0	175	0	0	15	15			**190**
Desert Springs Hospital Medical Center	205	24	10	239	0	0	0	0			**239**
Desert View Hospital	25	0	0	25	0	0	0	0			**25**
Dignity Health - Rose De Lima Cam	62	10	0	72	0	0	0	0			**72**
Dignity Health - San Martin	117	24	0	141	0	0	0	0			**141**
Dignity Health -Siena Campus	164	26	0	190	8	6	26	40			**230**
Grover C. Dils Medical Center	4	0	0	4	0	0	0	0			**4**
Mike O'Callaghan Federal Medical Center**	-	-	-	-	-	-	-	-			**0**
Mountain View Hospital	250	47	0	297	0	0	8	8			**305**
North Vista Hospital	90	20	0	110	0	0	0	0			**110**
Southern Hills Hospital Medical Center	89	22	0	111	0	0	9	9			**120**
Spring Valley Hospital Medical Center	165	18	0	183	0	0	27	27			**210**
Summerlin Hospital Medical Center	244	80	0	324	17	12	53	82			**406**
Sunrise Hospital and Medical Center	366	56	22	444	69	24	72	165			**609**
University Medical Center (UMC)	379	59	24	462	29	14	36	79			**541**
VA Medical Center**	-	-	-	-	-	-	-	-			**0**
Valley Hospital Medical Center	192	45	0	237	0	0	0	0			**237**
Total Acute Care Hospital Beds By Type, and Region	**2495**	**463**	**56**	**3014**	**123**	**56**	**246**	**425**			**3439**
***** Not Req. to Report to DHFP***											

Please note, the above-reported bed numbers are subject to change quarterly and will only be updated in this Plan upon annual review and revision.

Medical Surge Plan
Northwestern NV Region 2
LICENSED BEDS - Acute Care
(Nevada Division of Health Care Financing and Policy Classifications, 4th Qtr. 2015)

Bed Poll (Type)	Adult Licensed Beds				Pediatric Licensed Beds				Total # Beds Excluding Psych, Substance Abuse, Rehab, and SNF
	Med/Surg (Ward)	Medical ICU (ICU)	Coronary Care Unit (CCU)	Total Adult Beds	Pediatrics	Pediatric ICU (PICU)	Neonatal ICU (NICU)	Total Pediatric Beds	
Banner Churchill Community Hospital	25	-	-	25	-	-	-	0	**25**
Carson Tahoe Regional Medical Center	104	24	23	151	8	-	-	8	**159**
Carson Valley Medical Center	19	4	-	23	-	-	-	0	**23**
Incline Village Community Hospital	4	-	-	4	-	-	-	0	**4**
Mount Grant General Hospital	11	-	-	11	-	-	-	0	**11**
Northern Nevada Medical Center	60	12	-	72	-	-	-	0	**72**
Renown Regional Medical Center	614	44	69	727	34	8	39	81	**808**
Renown South Meadows Medical Center	68	8	0	76	-	-	-	0	**76**
Saint Mary's Regional Medical Center	308	28	-	336	15	-	29	44	**380**
South Lyon Medical Center	14	-	-	14	-	-	-	0	**14**
VA Sierra Nevada Health Care System **				0				0	**0**
Total Acute Care Hospital Beds By Type, and Region	**1227**	**120**	**92**	**1439**	**57**	**8**	**68**	**133**	**1572**
***** Not Req. to Report to DHFP**									

Please note, the above-reported bed numbers are subject to change quarterly and will only be updated in this Plan upon annual review and revision.

Medical Surge Plan Central Eastern NV Region 3 LICENSED BEDS - Acute Care (Nevada Division of Health Care Financing and Policy Classifications, 4th Qtr. 2015)	Med/Surg (Ward)	Medical ICU (ICU)	Coronary Care Unit (CCU)	Total Adult Beds	Pediatrics	Pediatric ICU (PICU)	Neonatal ICU (NICU)	Total Pediatric Beds			Total # Beds Excluding Psych, Substance Abuse, Rehab, and SNF
Bed Poll (Type)	**Adult Licensed Beds**				**Pediatric Licensed Beds**						
Battle Mountain General Hospital	7	-	-	7	-	-	-	0			**7**
Humboldt General Hospital	20	3	-	23	-	-	-	0			**23**
Northeastern Nevada Regional Hospital	52	7	-	59	-	-	-	0			**59**
Pershing General Hospital	13	-	-	13	-	-	-	0			**13**
William Bee Ririe Hospital	25	-	-	25	-	-	-	0			**25**
Total Acute Care Hospital Beds By Type, and Region	**117**	**10**	**0**	**127**	**0**	**0**	**0**	**0**			**127**

Please note, the above-reported bed numbers are subject to change quarterly and will only be updated in this Plan upon annual review and revision.

ALIGNMENT WITH THE NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) AND THE NATIONAL RESPONSE FRAMEWORK (NRF)

The National Incident Management System provides a consistent framework for incident management at all jurisdictional levels, regardless of the cause, size or complexity of the incident. NIMS provides the nation's first responders and authorities with the same foundation for incident management for terrorist attacks, natural disasters and all other emergencies.

The Incident Command System (ICS) is a management system designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure (Federal Emergency Management Agency (FEMA), 2015). The NIMS requires institutionalization of ICS and its use to manage all domestic incidents. According to the National Integration Center, "institutionalizing the use of ICS/HICS" means that government officials, incident managers and emergency response organizations at all jurisdictional levels adopt the ICS.

The National Response Framework is a guide to how the Nation responds to all types of disasters and emergencies. It is built on scalable, flexible, and adaptable concepts identified in the NIMS to align key roles and responsibilities across the Nation. This Framework describes specific authorities and best practices for managing incidents that range from the serious but purely local to large-scale terrorist attacks or catastrophic natural disasters. The NRF describes the principles, roles and responsibilities and coordinating structures for delivering the core capabilities required to respond to an incident and further describes how response efforts integrate with those of the other mission areas (National Response Framework, May 2013).

INTEGRATION WITH STATE PLANS

This plan works in conjunction with the Nevada State Comprehensive Emergency Management Plan (SCEMP). The Division of Public and Behavioral Health (DPBH) will operate under Emergency Support Function 8 (ESF 8) – Public Health and Medical Services.

GENERAL ROLES AND RESPONSIBILITIES

Once the Governor declares a state of emergency the SCEMP is engaged. The nature of the emergency will dictate which plans and procedures are initiated. Once a specific plan is activated, certain ESFs may have a greater role to play in response to the emergency than others.

Department of Public Safety, Division of Emergency Management (DEM)

- The Department of Public Safety, DEM is tasked with the responsibility of coordinating emergency/disaster-related programs (mitigation, prepared-ness, response and recovery). In doing so, DEM coordinates with federal, state and local governments, agencies and organizations in planning, training and exercising

- The Chief of DEM acts as the State Coordinating Officer for the Governor

Nevada Department of Health and Human Services, Division of Public and Behavioral Health

- Assesses an event and determines need to request declarations from Governor's Office, or recommends declarations from local authority having jurisdiction
- Supports local health resources and medical care needs during or following a major emergency or disaster through collection and communication of information and coordination of response efforts
- The Bureau of Preparedness, Assurance, Inspections and Statistics (PAIS), Public Health Preparedness (PHP) Program maintains the statewide SERV-NV registry of credentialed medical health professional and other volunteers
- The Bureau of Preparedness, Assurance, Inspections and Statistics (PAIS), Public Health Preparedness (PHP) Program maintains the statewide EMResource bed tracking system
- The Bureau of Preparedness, Assurance, Inspections and Statistics (PAIS), Public Health Preparedness (PHP) Program maintains the statewide Nevada Health Alert Network (NV HAN).
- Using its own and community-trained volunteer crisis counselors, provides psychological first aid intervention and services to the community affected by a disaster, including victims, their families and first responders
- The Bureau of Preparedness, Assurance, Inspections and Statistics (PAIS), Public Health Preparedness (PHP) Program staffs and maintains support in ESF 8 and 8-1 (Mental Health) in the State Emergency Operations Center (SEOC) during disasters
- The Bureau of Health Care Quality and Compliance (HCQC) works with healthcare organizations to expand Scope of Practice to meet the medical surge needs

ASSUMPTIONS

This is an all-hazard medical surge plan that will be used to assist Nevada to respond to any situation that overwhelms medical capabilities. This plan will involve response partners, including but not limited to federal, state and local emergency management agencies, the public health agencies, emergency medical services and numerous public and private agencies.

The development of the Nevada Statewide Medical Surge Plan is based on the following assumptions:

- Nevada's Healthcare Coalitions are involved in ongoing preparedness activities
- Activation of tiers is dependent upon the locality or jurisdiction where the incident occurs
- This medical surge plan applies to an event that results in a number or types of patients that overwhelm the day-to-day capacity of hospitals
- Pre-planning issues include operational considerations such as hospital bed capacity, as well as clinical, diagnostic and support services capabilities
- This information assists in establishing a planning framework to include items such as response agency participants, meeting frequency, reporting lines, etc.
- Traumatic mass casualty will likely be acute and short duration (24-48 hours) with the potential for long-term effects; expect that the local response will be overwhelmed by the time a regional or state response is active
- Epidemic/Pandemic will likely be long-term with moderate to high acuity and lower initial surge
- A natural disaster will likely be an acute surge with potential long-term impact
- Following any type of disaster, public health and emergency management professionals must be prepared to respond to and meet the needs of the affected public and should consider implementing the Community Assessment for Public Health Emergency Response (CASPER) toolkit
- In Nevada, some hospitals and healthcare systems are often at or near capacity regularly and handle that patient surge within their own facility. A major portion of hospital bed capacity is located in urban areas; therefore, medical surge thresholds will vary significantly from region to region
- A rapidly expanding healthcare delivery system is developed and used in conjunction with state, county and local emergency management and public health, as well as emergency medical services, to treat a large affected population
- Inter-agency collaboration is necessary
- Assistance from outside the impacted area, if available, may be needed to care for or provide resources for patients
- Prior to activating this plan, the organizations/agencies have activated their internal Emergency Operations Plans (EOPs) and leveraged mutual aid for sharing of resources and existing contracts to manage the surge event
- Healthcare facilities and organizations have internal surge plans and will respond in accordance with those before requesting additional capabilities from outside entities
- All responding agencies have incorporated ICS, or Hospital Incident Command Systems (HICS), into their incident management structure in accordance with NIMS

- The execution of this plan and supporting plans will take a whole community approach
- Requests for assistance are based on an agency's/organization's capability to respond
- Incidents may preclude moving of patients to existing facilities

CONCEPT OF OPERATIONS

Direction and Control

The Nevada Department of Public Safety, DEM is tasked with the responsibility of coordinating emergency disaster-related programs (mitigation, preparedness, response and recovery) at the state level. In preparation for an event, DEM coordinates with federal, state and local governments, agencies and organizations in planning, training and exercising. These functions are essential in order to increase knowledge, skills and abilities and improve accurate and timely response.

During a response, DEM coordinates with organizations and agencies to provide support to healthcare organizations, first responders and local government(s). This is done through mission-tasking of state support agencies, providing resources and technical expertise in support of efforts taking place on-scene within the disaster area. In addition to DEM, during a surge event, the DPBH will be the lead coordinating agency for ESF 8, Public Health and Medical Services. As the lead coordinating agency for ESF 8, DPBH will provide supplemental assistance to county and local governments in identifying and meeting the health and medical needs of victims of an emergency or disaster. This is a cooperative effort among local, state and federal agencies. Local emergency operations plans will be activated prior to activating the state plan unless they immediately cannot meet the needs of the incident.

Activation and Notification

Activation of this Plan can only be ordered by someone of sufficient authority. Activation of the Statewide Medical Surge Plan will be authorized by one of the following individuals or designee:

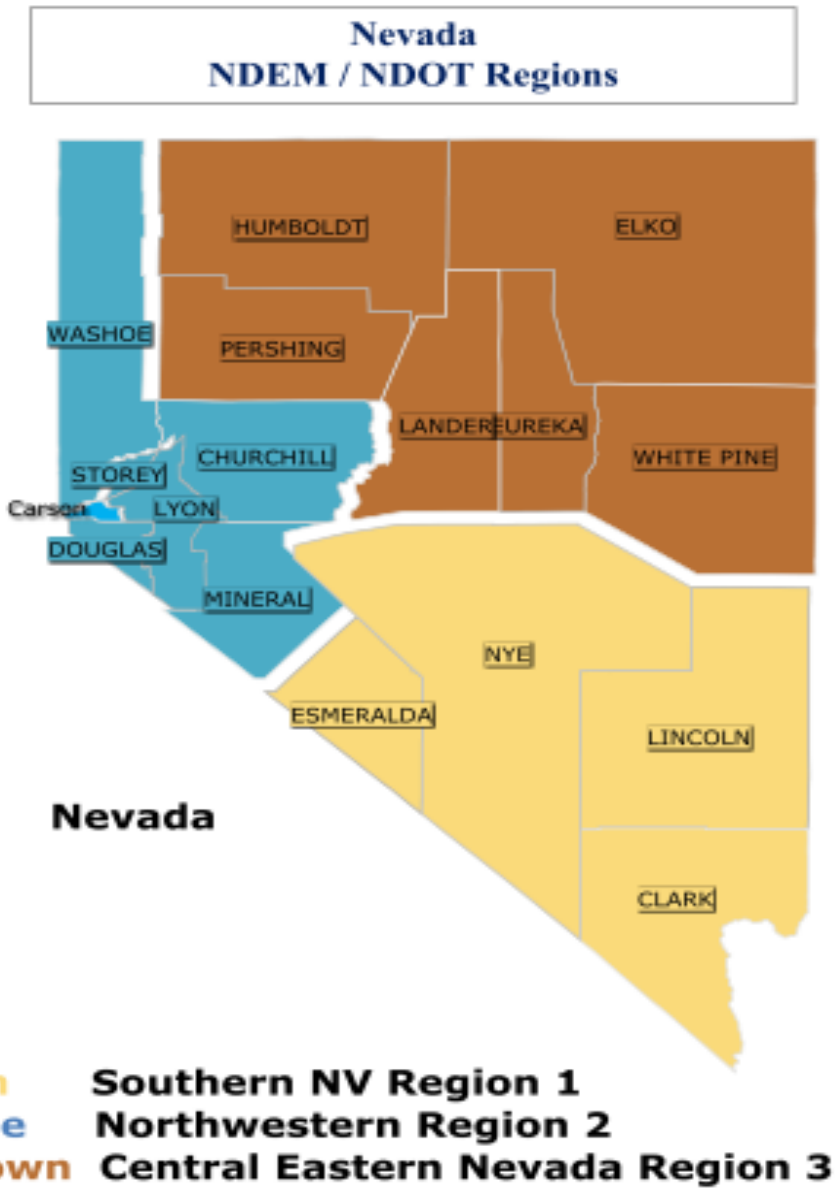
1. Director of the Nevada Department of Health and Human Services
2. Administrator of the Nevada Division of Public and Behavioral Health
3. Nevada State Chief Medical Officer
4. Bureau Chief for the Bureau of Preparedness, Assurance, Inspections and Statistics (PAIS)

This Plan may be activated simultaneously with the State Comprehensive Emergency Management Plan (SCEMP).

State Regional Boundaries

Due to the difference in population density throughout the State of Nevada, it was determined that activation and notification processes were different depending on the

location and scope of the event. Nevada naturally divides itself into three different regions but has 17 counties with jurisdictional responsibilities. The map below provides an overview of the Nevada Department of Emergency Management Regions.



This map reflects the current adopted regions of the state. At the time of this printing, a new regional map layout was in consideration, but not yet fully adopted by the Nevada Division of Emergency Management. Should the adoption of the new map be completed after 2015 State Medical Surge Plan is released, the plan will be updated at the next annual review to reflect the new map. The Regional Annexes to this State Medical Surge Plan may have written plans which include regional boundaries consistent with the newly proposed map and may not follow current map boundaries as reflected above. Each Region is free to write their Regional Annex to this Plan as they choose; the State Medical Surge Plan will follow the current adopted documents at the time of printing.

Duty Officer Notification

When other state agency assistance and coordination is required, the DEM Duty Officer will be contacted to determine the level of SEOC activation to a level commensurate to the needs of the incident or event. In the case the DEM Duty Officer is notified prior to the DPBH Duty Officer regarding a medical surge event, the DEM Duty Officer will immediately notify the DPBH Duty Officer. Duty Officer contact information can be found in Appendix A of this Plan.

COMMUNICATIONS

Communications are essential during a medical surge incident to convey data and information that supports situational awareness. There should be an emphasis on sustaining internal and external communications with community partners, and consistent messaging and information dissemination during and immediately following a medical surge incident. Methods to communicate include:

Field Provider to Dispatch

- Computer Aided Dispatch (CAD) connections and Mobile Data Computers (MDC)
- Radio systems: VHF (very high frequency), UHF (ultra high frequency) and 800 MHz (megahertz), including the cross band repeaters
- Telephone/Mobile phone

Dispatch to Dispatch

- Amateur Radio Emergency Service (ARES)
- CAD-to-CAD link (only applicable to Douglas County and Nevada Highway Patrol)
- Internet/email/texting
- National Warning System (NAWAS)
- NDIP between 9-1-1 Communication Centers
- Telephone/Mobile phone

Field Provider to Facility

- Mobile phone
- Radio system: UHF or 800 MHz

Facility to Facility

- 800 MHz system
- ARES
- Internet/email/texting
- Telemedicine portals (if appropriate)
- Telephone/Mobile phone
- WebEOC (web based Emergency Operations Center) (if applicable)

Dispatch to Facility

- ARES

- EMResource: bed and air resource availability (monitor only)
- Public safety personnel relay
- Telephone/Mobile phone

Dispatch to Civilian Population
- Jurisdictional public warning systems (i.e., CodeRED, Reverse 911, AlertSense, iPAWS)

EOC to Dispatch
- ARES and other amateur operators
- CAD program, as appropriate
- Internet/email/texting
- Other EOCs
- Radio system: VHF, UHF or 800MHz
- Telephone/Mobile phone
- WebEOC

EOC to EOC
- ARES
- Internet/email/texting
- Radio
- Satellite phones
- Telephone/Mobile phone
- Video links (if applicable)
- WebEOC

Field provider to Incident Command Post
- Face-to-face
- Internet/email/texting
- Mobile command vehicles
- Mobile phone
- Radio system: VHF, UHF, 800 MHz

800 MHz Radios

Nevada health agencies (e.g. public health, EMS, hospitals, etc.) have two pre-determined talk groups for 800 MHz radios. The pre-loaded channel assignments are listed below in the order and spelling that they are loaded into the DPBH's fleet of 800 MHz handheld radios:

- Channel 1 – NV MED
- Channel 2 – ST EOC
- Channel 5 – NV PHP

HAM/ARES/RACES Amateur Radio

The Nevada Section Emergency Coordinator for ARES shall be contacted by DPBH. The Section Emergency Coordinator's team shall appoint an ARES member to the DOC and they will assist in amateur radio usage to support DPBH DOC operations. Local ARES support for the different regions should also be identified in their plans and used during a Public Health or Emergency Disaster response.

Some Frequencies Used by DPBH and ARES

- 146.550 Simplex, ARES Calling Frequency
- 3965 MHz (night) Nevada Section HF - Primary
- 7280 MHz (days) Nevada Section HF - Secondary
- 145.050 Digital Packet Communications Statewide
- 144.910 Digital Packet (Washoe County)

PHASES OF ACTIVATION

Phase 1 Normal Operations	Phase 2 Increased Threat	Phase 3 Response	Phase 4 Recovery
Steady State • Plan Organize Train Equip Evaluate Take corrective actions Passive monitoring of disease indicators	**Specific Threat Identified or Major Pre-Planned Event** • Active monitoring of disease indicators, hospital beds and ER activities Maintain proactive situational awareness Alert resources and standby personnel Pre-stage supplies, equipment and resources	**Phase 3A: Immediate Response** • Establish triage areas • Redirect medical resources to impacted hospitals • Evacuate impacted hospitals • Establish Alternate Care Sites • Establish decontamination operations **Phase 3B: Additional Resource Deployment and Employment** • Request, activate and deploy mutual aid, intrastate and EMAC Resources • Activate NDMS **Phase 3C: Sustained Operations** • Maintain response operations and set conditions for recovery	**Permanent restoration** of the healthcare infrastructure

ACTIVATION TIERS

Tier 6: Single Hospital/Healthcare Facility/System Response: Management of Individual Healthcare Assets

Trigger: No significant medical surge event.
Operating Mode: Normal operations. Existing facility/system resources are sufficient to manage the incident.

- An incident at the single hospital/healthcare facility/system level
- EMS may be included to provide field-based medical care or to otherwise support the facility in an emergency
- The hospital/healthcare facility/system increases its surge capacity and capability by operating according to its EOP; internal procedures may include using all available internal resources and surge areas, expediting discharge procedures and postponing elective procedures
- The hospital/healthcare facility/system surges up to staffed bed capability to meet the additional needs
- It may be necessary for the affected hospitals/healthcare facility/system to enact established Memorandum of Understanding (MOUs) and Master Mutual Aid Agreements (MMAAs) to coordinate a system for patient care, transfer and management in anticipation of a jurisdictional response
- The Governor may declare a State of Emergency

Tier 5: Jurisdiction Response:

Trigger: A Mass Casualty Incident transpires requiring the most critical tier of integrated response disciplines.
Operating Mode: Existing facility/system resources are inadequate to respond to the incident; however, partnerships within the local/county jurisdiction are sufficient to manage the incident.

- Two or more hospitals/healthcare facilities/systems in a single jurisdiction combine their medical and health assets to coordinate their response activities
- In addition to hospitals/healthcare facilities/systems, Jurisdictional Response may include urgent care clinics, long-term care facilities, mental health facilities, 24-hour group homes, ambulatory surgery centers, private physician offices, tribal facilities, clinics and any other health or medical asset that may be brought to bear during a major medical response
- Local medical surge capacity and capability are increased by moving medical resources (e.g., personnel, facilities, equipment and supplies). This is accomplished through already established mutual aid and cooperative agreements

- Hospitals/healthcare facilities/systems will work with local public health officials, local emergency managers and others as needed to coordinate and integrate information-sharing and resource management during an incident
- Local jurisdictions may declare a disaster if they anticipate local resources may be inadequate to handling the situation
- The Governor may declare a State of Emergency

Tier 4: Intrastate Regional Response: Jurisdiction Incident Management

Trigger: A Public Health or Emergency Disaster that affects multiple jurisdictions, i.e., earthquake, wildfire, or pandemic.
Operating Mode: The incident exceeds the capacity of the jurisdiction to respond and requires the support of neighboring jurisdictions. State coordination entities are required on a limited basis.

- Incidents affecting more than one jurisdiction within Nevada
- Nevada DEM will have the responsibility as the lead for the state and to coordinate SEOC ESFs
- Event potentially involves multiple healthcare facilities crossing jurisdictional lines for resources and incorporating MOUs or MMAA
- Requires coordination and integration of the healthcare facilities with other response disciplines (e.g., public safety, emergency management) to maximize regional surge capacity and capability
- Public health and medical disciplines must move from a traditional support role to being part of a Unified Incident Command System
- Healthcare facilities, local public health and emergency management partners would activate and coordinate with the local Multi-Agency Coordination Center (MACC) should there be a need to request assistance
- Activation of automatic, mutual aid agreements and assistance for hire
- The Governor may declare a State of Emergency

Tier 3: State Response: Management of State Response and Coordination of Intrastate Jurisdictions

Trigger: The Public Health or Emergency Disaster incident is at a level of complexity requiring significant state coordination and support.
Operating Mode: State coordination and support structures are fully activated.

- The SEOC will coordinate with each jurisdiction and other partners to identify needs, coordinate requests and identify the capabilities needed to meet those needs and distribute health and medical capabilities to the areas most affected. Tribal Nations may make their requests through the SEOC or directly to FEMA

- Intrastate resources may be coordinated through the SEOC and the provisions of Nevada Intrastate Mutual Aid System (NIMAS)
- ESF-8 and ESF-8-1would be activated within the SEOC
- The Governor may declare a State of Emergency

Tier 2: Interstate Response: Interstate Regional Management Coordination

Trigger: Implementation of the Emergency Management Assistance Compact (EMAC) between states to ensure resources are available to respond to Public Health Emergency or Disaster that threatens more than one state.
Operating Mode: State resources are not sufficient to respond, and assistance is requested from other states. (Note: cross-border relationships may exist as part of day-to-day operations at the facility/system level and would not require a Tier 2 activation.)

- Interstate resource coordination to respond to health and medical emergencies
- DEM will coordinate requests for deployment of Incident Management Teams (IMTs) based upon local requests for resources to meet the needs generated by an emergency event
- Resource sharing will likely occur through the EMAC and state-to-state mutual aid
- The SEOC may request and receive capabilities and aid from other states through the EMAC process
- The Governor may declare a State of Emergency

Tier 1: Federal Response: Federal Support to State, Tribal and Jurisdiction Management

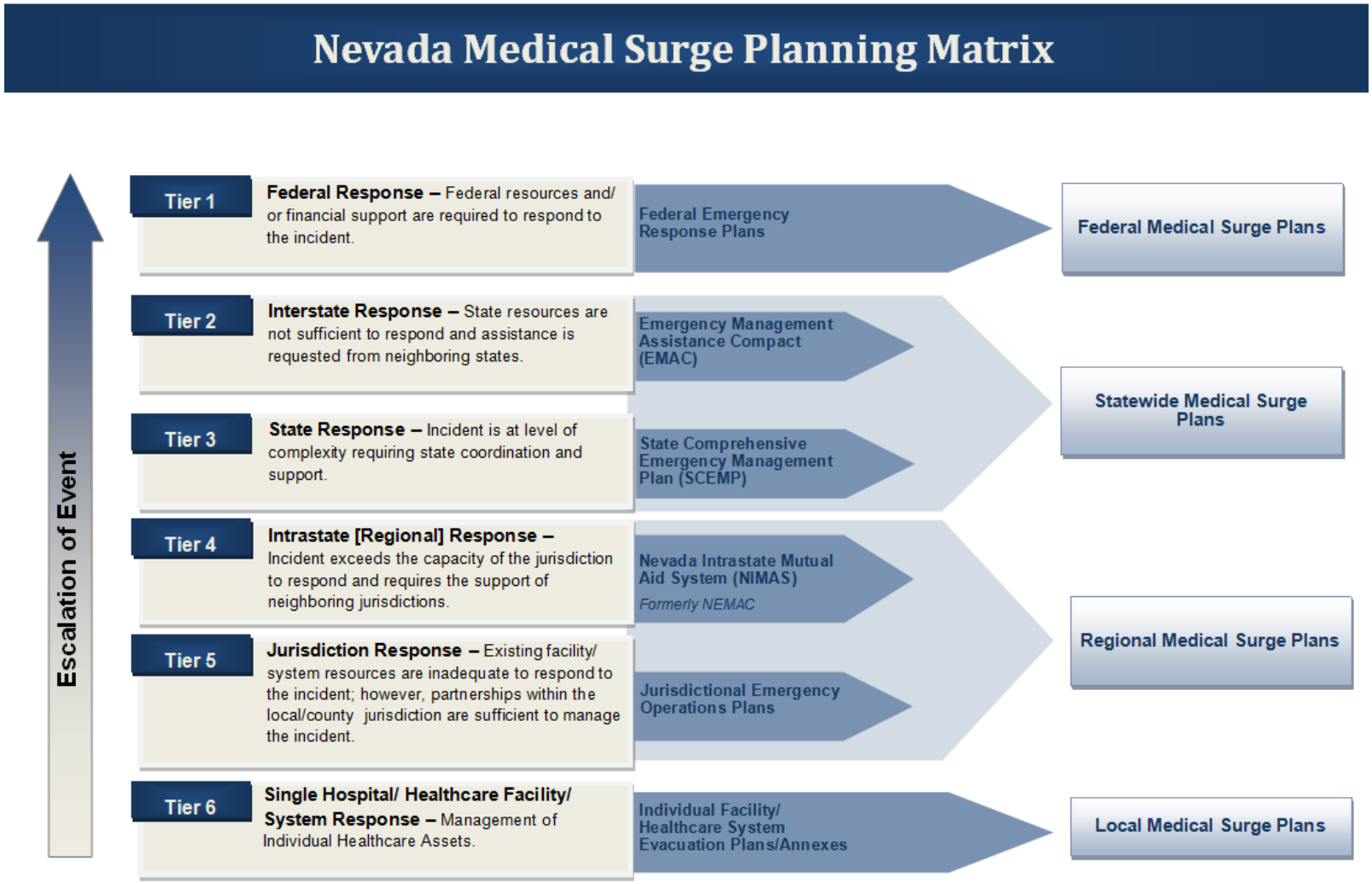
Trigger: Presidential Declaration of a Federal Public Health Emergency or Disaster
Operating Mode: Federal resources and/or financial support is required to respond to the incident.

- The Governor may request a federal disaster or emergency declaration through FEMA, or in certain circumstances, make a direct request to the Secretary of the Department of Health and Human Services (HHS) or other federal agencies to receive federal assistance
- Integration of federal health and medical assets into response to support state and local authorities during a State of Emergency, Catastrophic Health Emergency, Federal Public Health Emergency or Incident of National Significance
- Federal assets are organized for response under ESFs of the NRF. The federal government may either partially or fully implement the NRF in the

context of a threat, anticipation of a significant event, or in response to an incident requiring a coordinated Federal response

- The Governor may declare a State of Emergency

NEVADA MEDICAL SURGE PLANNING MATRIX



Last Update 6//8/16

SECTION II: OPERATIONAL GUIDES

PHASE 1 – NORMAL OPERATIONS

Steady state

Healthcare Facility

- Update EMResource system on a regular basis.
- Following ICS structure, each healthcare facility must identify the person(s) authorized to request emergency medical capabilities (MOUs, MOAs, and MMAAs) through local EM – annually.
- Maintain appropriate levels of security within facilities, with consideration for additional spaces which may be activated during a medical surge event.
- Coordinate with local jurisdiction EM for EOPs and implementation.
- Maintain updated facility phone trees/lists quarterly or annually.

Local Emergency Management, EMS, Fire, Law Enforcement

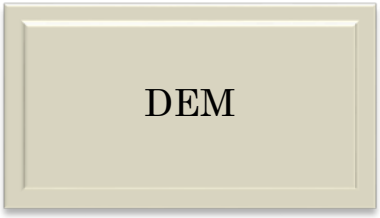
- Monitor EMResource for bed availability and patient routing.
- Maintain communications with receiving facilities.
- Notify local EMS dispatch centers of potential to deliver 9-1-1 patient to appropriate facility without overwhelming any facility.
- Maintain PIO to deliver messages to the public; develop and approve messages for the public.
- Maintain information on local EMS available resources.
- Maintain list of available transportation resources (MOUs) within the community.
- Identify capabilities, buildings and other needs for fatality management.

Local Health Authority

- Coordinate health-related information with DPBH.
- Coordinate all public information with local responding agencies.
- Assist DPBH in coordinating registration and quarterly training of local healthcare organization personnel and stakeholder agencies on use of EMResource.
- Provide each healthcare facility access to Nevada's Resource Requesting Procedures, ensure healthcare facilities are informed of updates to the procedures and have access to copies of the most current forms.
- Coordinate the training and exercising of requesting procedures with the hospitals in their jurisdiction annually or as requested.
- Exercise Resource Requesting Procedures and form completion during local community drills and exercises.

PHASE 1 – NORMAL OPERATIONS

- Maintain and monitor the NV HAN.
- Maintain a current electronic registry of pre-credentialed health professionals that may include Strike Teams and ESAR-VHP volunteers.
- Provides access to crisis counseling and emotional and behavioral support to persons experiencing symptoms exacerbated by alcohol and other drugs.



- Maintain and monitor WebEOC: emergency operations and resource management.
- Coordinate resources, resolve conflicts, warn of lack of resources, and make requests to federal counterparts for all capabilities that are not owned by the state.

PHASE 2 – INCREASED THREAT

Specific threat identified or major pre-planned event

Healthcare Facility

- Activate HCC/ICS; identify a PIO to coordinate all public relations activities.
- Monitor and regularly update the EMResource system.
- Alert standby personnel of developing medical surge event.
- Coordinate with LHA, local EM, EOC to provide individual facility assessments of current surge situation and resource capacity and capability.
- Provide information on current inventories and expected demand on resources within individual facilities.
- Identify immediate security personnel needs based on event.
- Determine availability of pre-identified transportation resources.
- Increase bed availability within the healthcare facility prior to requesting additional capabilities.

Local Emergency Management, EMS, Fire, Law Enforcement

- Coordinate response with, and send representatives to, local/county EOC.
- Maintain communications with field operations and local healthcare organizations.
- Monitor EMResource for bed availability and patient routing.
- Maintain communications with receiving facilities.
- Work with healthcare organizations, coalitions, and LHA to identify available capabilities to meet the facility's requested need utilizing local capabilities.
- Coordinate with LHA and healthcare facilities to get updates on individual facility assessment of current surge situation and resource capacity and capability.
- Law enforcement to identify availability of security support capabilities; coordinates with local EM to support security needs.
- Utilize emergency medical dispatch to route non-emergent patients to alternate facilities.

Local Health Authority

- Coordinate health-related information with DPBH.
- Coordinate all public information with local responding agencies.
- Activate healthcare personnel and volunteer call systems Medical Reserve Corp (MRC) for possible deployment.
- Maintain communication with the SEOC for localized tasking.
- Support local EM to coordinate resources among health and medical community.
- Coordinate delivery of medical surge resources with healthcare facilities.

PHASE 2 – INCREASED THREAT

DPBH

- Coordinate communication among health and medical agencies.
- Monitor EMResource for signs of medical surge at more than one healthcare facility.
- Use SERV-NV and MRC data to estimate numbers and categories of volunteer medical personnel potentially available.
- Expand individual healthcare facility licensed bed capacity upon request.

DEM

- Monitor WebEOC for emergency operations and resource management.
- Coordinate all public information for responding state agencies.
- The SEOC through DEM will coordinate the activation of agreements and compacts with federal agencies, other states, political subdivisions and other entities.

PHASE 3 – RESPONSE

Immediate response, additional resource deployment and employment, and sustained operations

Healthcare Facility

- Consider set up of Alternate Care Site locations.
- Call in support staff/staff reassignment; notify HCQC for waiver; update EMResource System regularly to monitor bed availability.
- Maintain ongoing communication with local/county EOC, EM and LHA and provide information on current inventories and expected demand on resources within individual facilities.
- Request additional medical professional staffing through Nevada's Healthcare Requesting Procedures; request additional transport support through local/county EOC as needed.
- Ensure appropriate tracking of patients received and transferred, including accompaniment of patient medical records.
- Maintain appropriate levels of security within facilities, including additional spaces activated during a surge medical response.
- Activate individual mass fatality plan, as necessary; implement strategies to increase morgue capacity for decedents.
- Utilize Resource Requesting Procedures to augment healthcare personnel.

Local Emergency Management, EMS, Fire, Law Enforcement

- Monitor EMResource for bed availability and patient routing.
- Coordinate with state on providing hotlines or public information phone banks.
- Coordinate local resources, capability requests and response activities through local/county EOC; maintain information on local EMS available resources.
- Coordinate with local volunteer agencies/organizations as appropriate (i.e. Community Emergency Response Team (CERT)).
- Transmit requests for capabilities to the State through local/county EOC.
- Determine need for local mutual aid, and requests federal capabilities if needed through SEOC.
- Notify local EMS dispatch centers of potential to deliver 9-1-1 patient to appropriate facility without overwhelming any facility.
- Work with healthcare organizations and/or LHA to identify available capabilities to meet the hospital's requested need utilizing local capabilities.
- Law enforcement to provide assistance with traffic control and additional transportation capabilities.
- EMS and Fire to support movement of patients from an incident scene to healthcare facilities, and between healthcare facilities as needed.
- Local EM to assign local transportation assets through ESF-1; identify contact information for private sector transportation resources and coordinate with them for the use of their assets.
- Local EM assists local public health in identifying behavioral health support capabilities and coordinates with other state assets/agencies for behavioral health through SEOC.

PHASE 3 – RESPONSE

Local Health Authority

- Coordinate health-related information with DPBH.
- Provide any updates to relevant health and medical information to the Joint information Center (JIC).
- Activate healthcare personnel and volunteer call systems (MRC), as requested by local jurisdiction.
- Maintain communication with the SEOC for localized tasking.
- Support local EM to coordinate resources among health and medical community.
- Coordinate delivery of medical surge resources with healthcare facilities.
- May coordinate with healthcare facilities, emergency management and DPBH to ensure appropriate tracking of patients to and from facilities.

DPBH

- Maintain and monitor the NV HAN.
- Help assess and coordinate health and medical staffing needs; use SERV-NV and MRC data to estimate numbers and categories of volunteer medical personnel available.
- Support legislation, statutes, etc. applicable to surge staffing and bed capacity; expand individual healthcare facility licensed bed capacity upon request.
- Coordinate deployment of medical and non-medical state assets.
- Coordinates use of all available resources to mitigate stress on the healthcare system; assesses need for offsite facilities based on bed capacity needs and staff resource availability.
- Coordinate with and make recommendation to the Governor's Office as to the need for changes in usual medical practice to ensure the continuation of essential medical services in a surge event.
- Request to mobilize the Nevada National Guard if all local assets are expended.
- Assist with coordination of SEOC activating DHHS National Disaster Medical System; once activated, DMAT and other federal resources will be integrated into the surge response according to local plans, policies, and procedures.
- The State Chief Medical Officer or his/her designee is responsible for making the recommendation to request federal capabilities to DEM.

PHASE 3 – RESPONSE

DPBH

- Receive delivery of health and medical resources delivered to the state and will synchronize distribution of resources to healthcare organizations.
- Send a representative to the city, county or state JIC, if requested.
- Assist DEM in the development and delivery of real-time public messaging coordinated through city or county JIC if activated.
- Coordinate requests from healthcare organizations for additional security.
- Ensure security for deployment of local/regional/state/national stockpiles.
- Provide rapid inspection of additional EMS transport units; abbreviated processes of permitting, certification, and license approval of qualified services and personnel.
- Issue and record death certificates for all counties, other than Clark and Washoe.
- Coordinate all ESF-8 and ESF-8-1 requests.
- Provide crisis counseling/psychological first aid intervention and services to the community affected by a disaster.

DEM

- Maintain the SEOC during responses to medical surge events that require state assistance.
- Establish responsibility for conducting emergency statewide communication.
- Coordinate all public information for responding state agencies.
- Activate JIC.
- Coordinate resource requests for additional staff and activation of DHHS National Disaster Medical System through SEOC.
- Assist with coordination of patient transportation.
- Coordinate and dispatch capabilities received through NEMAC, EMAC, AB90, and those received from the federal government.
- Coordinate requests for additional pharmaceuticals from state caches; if not available via state caches, DEM will make the request to the federal government.
- The SEOC through DEM coordinates the activation of agreements and compacts with federal agencies, other states, political subdivisions and other entities.

PHASE 4 – RECOVERY

Permanent restoration of the healthcare infrastructure

Healthcare Facility

- Notify HCQC of return to original licensed bed capacity.
- Healthcare facility, from county damage assessment team to be declared safe by all regulatory agencies, including: electric, fire, water, air quality, medical gas, waste management, etc.
- Communication system/IT systems are functional for internal and external use.
- All supplies and equipment are appropriate, adequate and inspected for re-opening.
- Adequate personnel available to provide services to the community.
- If the facility has been evacuated, the hospital administration, and or the health care agencies in conjunction with lead local, state and/or federal agencies, will authorize re-entry of the facility in accordance with their internal re-entry guidelines.

Local Emergency Management, EMS, Fire, Law Enforcement

- Coordinate the delivery of local behavioral health services for responders, survivors and the public.
- Follow EOP recovery section for underlying incident that caused the medical surge event.

Local Health Authority

- Coordinate local emergency medical care and surveillance protocols based on the incident.
- Coordinate health-related information with DPBH.
- Provide any updates to relevant health and medical information to the JIC.

PHASE 4 – RECOVERY

DPBH

- Provide behavioral health services; identify adults and children for psychological first aid, including first responders.
- Coordinate public health information through the state JIC.
- Ensure continuity of care through temporary facilities.
- Survey and inspect healthcare facilities disrupted by the incident.
- Coordinate with DPBH and LHA to demobilize MRC volunteers to pre-incident level.

DEM

- State Damage Assessment Teams will go out and assess damage of ciritical infrastructure.
- Reestablishment of transportation and transit system; debris management.

SECTION III: ADMINISTRATION OF PLAN

This Nevada Statewide Medical Surge Plan was drafted in accordance with relevant federal and state laws, and conforms to federal guidance, including the Comprehensive Preparedness Guide (CPG 101), NRF, and the NIMS.

PLAN MAINTENANCE

DPBH, in collaboration with other stakeholders, will review and make the necessary revisions and updates to this plan.

- At a minimum, the plan will be reviewed annually. DPBH Public Health Preparedness (PHP) will coordinate the update, as needed, and the stakeholders will provide ongoing input and support of the plan incorporating lessons learned and new emerging best practices.

- This plan will be updated based upon deficiencies identified during actual emergency situations and After Action Reports (AARs) from exercises, and when changes in threat hazards, resources and capabilities or infrastructure occur.

- This document will also be updated based on new guidance, requirements and information, as well as lessons learned through ongoing training and exercises.

Training

Agencies and organizations are responsible for ensuring that personnel:

- Possess the appropriate level of training, experience, credentialing or capability for any positions they are tasked to fill, to include additional training, as needed, to ensure compliance with NIMS, ICS and/or HICS.

- Are familiar with the Nevada Statewide Medical Surge Plan (SMSP), applicable roles and related responsibilities.

Exercise and Evaluation

Local and state drills, tabletop exercises, functional exercises and full-scale exercises should periodically include exercising a component of this plan.

Any agency conducting an exercise of this plan, including a real-event response, is responsible for organizing and conducting a critique and AAR following the conclusion of the event.

An AAR will entail both written and verbal input from all appropriate participants following an event. An Improvement Plan will be developed based on the deficiencies identified; an individual, department, or agency will be assigned responsibility for correcting the deficiency; and a due date shall be established for that action.
Copies of these AARs should be submitted to DPBH (these will be kept online in the EMResource document library) with a copy to Nevada DEM.

STATEMENTS OF SUPPORT

The Nevada Statewide Medical Surge Working Group (SMSWG) and SMSP were developed with funding provided by the Grant or Cooperative Agreement Number, CDC-RFA TP12-1201, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

The members of the SMSWG worked together to create, review, revise and approve this plan and were composed of representatives from the following agencies:

Carson City Health and Human Services

Clark County Office of Emergency Management

Department of Health and Human Services Region IX

Douglas County Emergency Management

Douglas County Healthcare Coalition

Inter-Hospital Coordinating Council

Inter-Tribal Emergency Response Commission

Nevada Bureau of Health Care Quality and Compliance

Nevada Division of Emergency Management

Nevada Division of Public and Behavioral Health

Nevada Division of Public and Behavioral Health, Rural Community Health Services

Nevada Hospital Association

Rural Healthcare Preparedness Partners

Southern Nevada Health District

Southern Nevada Healthcare Preparedness Coalition

Washoe County Emergency Management

Washoe County Health District

This plan has been designed to promote integrated and coordinated community response and to outline and establish key organization/agency responsibilities that will be relied on in the event of a medical surge event or disaster.

REFERENCES

State of Nevada Documents

- Nevada Department of Public Safety, Division of Emergency Management
  - All-Hazards Catastrophic Concept of Operations Plan
  - Evacuation, Sheltering and Mass Care Plan
  - Improvised Nuclear Device Plan
  - Mass Fatality Management Plan (including County Annexes)
  - State Communications Interoperability Plan (SCIP)
  - State Comprehensive Emergency Management Plan (SCEMP)
  - State Homeland Security Strategy (SHSS)

- Nevada Division of Public and Behavioral Health
  - Crisis and Emergency Risk Communication/Public Information and Communication Plan (Annex to SCEMP)
  - DPBH – Behavioral Health Statewide Emergency Operations Plan
  - Nevada's Resource Requesting Procedures
  - Pan Flu Annex to the Mass Illness Plan
  - Volunteer Services Management Systems Plan (Annex to SCEMP)
  - State of Nevada Ebola Virus Disease (EVD) Response Plan

Federal Documents

- U.S. Department of Health and Human Services (DHHS)
  - The Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) Capabilities, "The Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness" January 2012.
  - Concept of Operations for the National Hospital Available Beds for Emergencies and Disasters System (EMResource) U.S. Department of Health and Human Services, 2009
- U.S. Department of Homeland Security (DHS) and FEMA
  - Developing And Maintaining State, Territorial, Tribal, and Local Government Emergency Plans, CPG 201 November 2010)
  - National Preparedness Goal September 2011
  - Presidential Policy Directive / PPD-8: National Preparedness March 2011.
  - The National Disaster Recovery Framework September 2011.
  - The National Prevention Framework, National Mitigation Framework, and a second edition of the National Response Framework May 2013.

Tribal Documents – are maintained by the individual tribal governments.

Other Reference Documents

Federal Emergency Management Agency. (2015). NIMS Frequently Asked Questions. Available at: https://www.fema.gov/pdf/emergency/nims/nimsfaqs.pdf

Homeland Security. (2015). National Response Framework (NRF) – Second Edition May 2013.

Nevada Commission on Tourism. (2015). A Digest of Statistical Information on the Nevada Tourism Industry: Fourth Quarter 2014

Nevada State Office of Rural Health. (2015). Nevada Rural and Frontier Health Data Book – Seventh Edition January 2015.

U.S. Census Bureau. (2015). State & County Quick Facts: Nevada. Available at: http://quickfacts.census.gov/qfd/states/32000.html

U.S. Department of Health and Human Services: Hospital Available Beds for Emergencies and Disasters. Available at: https://EMResource (HAvBED)test.hhs.gov/Main/ViewFacility.aspx

National Center for Frontier Communities. (2015). Frontier Definitions List: Department of Health and Human Services Definition of Frontier (2008). Available at: http://frontierus.org/frontier-definitions/

Nevada State Office of Rural Health. (2015). Nevada Rural and Frontier Health Data Book – Seventh Edition. Available at: http://medicine.nevada.edu/Documents/unsom/statewide/rural/data-book-2015/Nevada_Rural_and_Frontier_Health_Data_Book_2015DraftEmbedOpt.pdf

ACRONYM LIST

AAR	After Action Report
CASPER	Community Assessment for Public Health Emergency Response
CBRNE	Chemical, Biological, Radiological, Nuclear and Explosive
CDC	Centers for Disease Control and Prevention
CERT	Community Emergency Response Teams
DPBH	Nevada Division of Public and Behavioral Health
DHHS	Nevada Department of Health and Human Services
DHS	U.S. Department of Homeland Security
DMAT	Disaster Medical Assistance Teams
DMF	Disaster Medical Facility
DMORT	Disaster Mortuary Operations Response Team
DOC	Division Operations Center
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
EMT	Emergency Medical Technicians
EOC	Emergency Operations Center
EOP	Emergency Operations Plans
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
ESF	Emergency Support Function
FAQs	Frequently Asked Questions
FEMA	Federal Emergency Management Agency
EMResource (HAvBED)	National Hospital Available Beds for Emergencies and Disasters System
HCQC	Bureau of Health Care Quality and Compliance
HICS	Hospital Incident Command System
ICS	Incident Command Systems
IMT	Incident Management Team
JIC	Joint Information Center
LHA	Local Health Authority
MACC	Multi-Agency Coordination Center
MMAA	Master Mutual Aid Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MSAC	Medical Surge Area Command
NDEM or DEM	Nevada Division of Emergency Management
NDMS	National Disaster Medical System
NDOT	Nevada Department of Transportation
NEMAC	Nevada Emergency Management Assistant Compact
NIMS	National Incident Management System
NDMS	National Disaster Medical System
NRF	National Response Framework
NV HAN	Nevada Health Alert Network
PIO	Public Information Officer

RAILS	Radio, Internet, Landline Telephone and Fax, Satellite Method of Communications
TAG	State Adjutant General
SCEMP	State Comprehensive Emergency Management Plan
SEOC	State Emergency Operations Center
SERV-NV	Nevada's Statewide Emergency System for Advanced Registration for Volunteer Health Professional
VSMS	Volunteer and Staff Management System

DEFINITIONS

- The term "local" refers to the most immediate level of government within a jurisdiction. In many cases, this refers to the city or town, but in rural areas this may be the county authority.
- For the purposes of this plan the term "jurisdiction" refers to political boundaries, and the term "region" refers to a specific geographic area.
- The term "Frontier" means those areas identified by the Secretary (through the Frontier Work Group of the Office for the Advancement of Telehealth) as frontier areas, or, until an official list of frontier areas is issued, those U.S. counties or county-equivalent units with a population density less than or equal to 6 persons per square mile.
- The definition of what is and is not a "rural" area is no mere academic matter. Indeed, policy makers utilize different, and in some cases competing, classification schemes to target programs, services, and projects to populations in Nevada and the United States. The classification scheme adopted by the Nevada Office of Rural Health and utilized in this edition of the Nevada Rural and Frontier Health Data Book emphasizes the important distinctions between "rural" and "frontier" regions of the state. This classification scheme was developed by the National Center for Frontier Communities (NCFC) with input from state health planners and rural health professionals throughout the country.

HISTORICAL PLAN REVISIONS BOX

Version 1	2011
Version 2	2014
Version 3.1	September 8, 2015
Version 3.2	September 22, 2015
Version 3.3	October 6, 2015
Version 3.4	October 21, 2015
Version 3.5	December 8, 2015
Version 3.6	January 15, 2016
Version 3.7	February 19, 2016
Version 3.8	March 24, 2016
Version 3.9	May 9, 2016
Version 4.0	May 31, 2016
Version 4.1	June 23, 2016
Version 4.2	August 16, 2016

Nevada Statewide
Medical Surge Plan

ATTACHMENT B

Acute Care Hospital Distance Grid

ATTACHMENT B - Acute Care Hospital Distance Grid

Based on Google Maps Feb. 2016
(All Distances in Road Miles)

Distance as traveled via ground miles / road system miles (as of Feb. 2016)

Southern NV ACUTE CARE Hospitals

	Centennial Hills Hospital Medical Center	Desert Springs Hospital Medical Center	Dignity Health - Rose De Lima Campus	Dignity Health - San Martin	Dignity Health -Siena Campus	Mike O'Callaghan Federal Medical Center	Mountain View Hospital	North Vista Hospital	Southern Hills Hospital Medical Center	Spring Valley Hospital Medical Center	Summerlin Hospital Medical Center	Sunrise Hospital and Medical Center	University Medical Center (UMC)	VA Medical Center (Las Vegas)	Valley Hospital Medical Center
Banner Churchill Community Hospital	372	395	402	393	400	389	378	388	392	386	385	390	385	384	385
Battle Mountain General Hospital	401	424	431	422	429	418	407	417	421	416	414	419	415	413	415
Boulder City Hospital	47	22	11	29	24	30	35	29	30	29	36	25	29	37	29
Carson Tahoe Regional Medical Center	418	441	447	438	446	435	423	434	437	432	430	436	431	430	431
Carson Valley Medical Center	409	432	439	430	437	426	415	425	428	423	421	427	422	421	422
Centennial Hills Hospital Medical Center		25	32	21	36	18	8	18	20	21	12	20	15	13	15
Desert Springs Hospital Medical Center	32		12	13	23	12	18	6	14	13	20	3	7	20	7
Desert View Hospital	72	64	70	53	61	74	69	68	52	57	64	65	65	76	65
Dignity Health - Rose De Lima Campus	30	12		19	8	20	25	16	20	19	32	14	19	23	19
Dignity Health - San Martin	26	13	19		13	21	18	16	2	4	12	14	13	33	13
Dignity Health -Siena Campus	37	13	8	13		24	22	19	14	12	24	11	15	15	15
Grover C. Dils Medical Center	156	160	167	164	165	142	159	149	165	161	160	155	152	145	152
Humboldt General Hospital	454	477	484	475	482	471	460	470	474	468	467	472	468	466	468
Incline Village Community Hospital	441	464	471	462	470	459	447	458	461	456	454	459	455	453	455
Mesa View Regional Hospital	83	88	95	91	93	70	87	77	92	88	88	83	80	73	80
Mike O'Callaghan Federal Medical Center	18	12	20	21	24		17	6	24	20	19	14	11	6	11
Mount Grant General Hospital	300	323	330	321	328	317	306	316	320	315	313	318	314	312	314
Mountain View Hospital	7	18	25	18	22	17		11	17	10	8	13	9	16	9
North Vista Hospital	18	7	16	16	19	15	12		18	14	13	5	5	10	5
Northeastern Nevada Regional Hospital	437	441	448	445	447	424	440	431	446	442	441	436	433	427	433
Northern Nevada Medical Center	428	451	458	449	457	445	434	444	448	443	441	446	442	440	442
Pershing General Hospital	427	450	457	448	455	444	433	443	447	441	440	445	440	439	440
Renown Regional Medical Center	433	456	463	454	462	451	439	454	453	448	446	451	447	445	447
Renown South Meadows Medical Center	423	446	453	444	451	440	429	439	443	438	436	441	437	435	437
Saint Mary's Regional Medical Center	433	456	463	454	462	451	439	450	453	448	446	451	447	445	447
South Lyon Medical Center	357	380	387	378	385	374	363	373	377	372	370	375	371	369	371
Southern Hills Hospital Medical Center	20	14	20	2	14	24	17	18		5	12	15	15	26	15
Spring Valley Hospital Medical Center	21	8	19	4	12	18	10	12	5		12	9	11	20	11
Summerlin Hospital Medical Center	12	19	32	12	24	19	8	13	11	12		15	10	21	10
Sunrise Hospital and Medical Center	19	2	14	14	11	14	13	8	15	9	15		4	15	4
University Medical Center (UMC)	15	7	19	13	15	11	9	5	14	10	10	4		12	0
VA Medical Center (Las Vegas)	13	16	23	33	15	7	16	10	25	21	20	15	12		12
VA Sierra Nevada Health Care System	434	457	464	455	462	451	440	450	454	449	447	452	448	446	448
Valley Hospital Medical Center	15	7	18	13	15	10	9	4	14	10	10	4	0	12	
William Bee Ririe Hospital	249	253	260	257	258	235	252	242	258	254	253	248	245	238	245

ATTACHMENT B - Acute Care Hospital Distance Grid

Based on Google Maps Feb. 2016
(All Distances in Road Miles)

Distance as traveled via ground miles / road system miles (as of Feb. 2016)

Rural NV ACUTE CARE Hospitals

	Banner Churchill Community Hospital	Battle Mountain General Hospital	Boulder City Hospital	Carson Valley Medical Center	Desert View Hospital	Grover C. Dils Medical Center	Humboldt General Hospital	Incline Village Community Hospital	Mesa View Regional Hospital	Mount Grant General Hospital	Northeastern Nevada Regional Hospital	Pershing General Hospital	South Lyon Medical Center	William Bee Ririe Hospital
Banner Churchill Community Hospital		182	412	81	343	368	130	88	433	73	255	56	60	258
Battle Mountain General Hospital	182		441	268	372	349	54	251	452	254	74	126	231	218
Boulder City Hospital	412	441		449	81	177	495	481	105	340	458	467	397	270
Carson Tahoe Regional Medical Center	64	245	458	22	389	414	192	28	479	119	318	119	65	322
Carson Valley Medical Center	81	253	449		380	405	215	38	470	110	326	127	52	339
Centennial Hills Hospital Medical Center	372	401	42	409	72	156	455	442	84	300	438	427	357	249
Desert Springs Hospital Medical Center	395	424	22	432	65	160	478	465	88	323	439	447	377	250
Desert View Hospital	343	372	80	380		215	426	412	143	271	440	398	328	308
Dignity Health - Rose De Lima Campus	402	431	11	439	70	167	484	471	95	330	448	457	387	260
Dignity Health - San Martin	393	422	29	430	53	164	475	462	91	321	445	448	378	257
Dignity Health -Siena Campus	400	429	24	437	61	165	482	470	93	328	447	455	385	258
Grover C. Dils Medical Center	368	349	177	405	215		402	437	152	296	321	423	353	133
Humboldt General Hospital	130	54	494	215	425	402		199	504	202	127	74	179	271
Incline Village Community Hospital	88	252	481	38	412	437	199		503	143	325	126	89	346
Mesa View Regional Hospital	433	451	105	469	143	152	505	502		361	433	488	418	245
Mike O'Callaghan Federal Medical Center	389	418	36	426	74	142	472	458	70	317	424	444	374	235
Mount Grant General Hospital	73	254	340	110	271	296	202	142	361		327	128	58	274
Mountain View Hospital	378	407	35	415	69	159	460	447	87	306	440	433	363	252
North Vista Hospital	389	418	27	425	68	150	471	458	78	317	431	444	374	243
Northeastern Nevada Regional Hospital	256	75	458	341	440	321	127	327	434	327		200	305	189
Northern Nevada Medical Center	58	214	468	57	399	424	161	41	489	129	287	88	76	316
Pershing General Hospital	56	127	467	142	398	423	74	125	488	128	200		105	314
Renown Regional Medical Center	63	219	473	50	404	430	166	34	495	135	292	93	81	321
Renown South Meadows Medical Center	71	227	463	43	394	419	174	27	484	124	300	101	71	329
Saint Mary's Regional Medical Center	63	219	473	50	404	430	166	36	495	135	292	93	81	321
South Lyon Medical Center	60	231	397	58	328	353	179	89	418	58	305	105		318
Southern Hills Hospital Medical Center	397	426	30	433	52	165	479	466	93	325	447	451	381	258
Spring Valley Hospital Medical Center	386	416	29	423	57	160	469	456	88	314	441	441	371	253
Summerlin Hospital Medical Center	385	414	37	422	63	160	468	454	88	313	442	440	370	253
Sunrise Hospital and Medical Center	390	419	25	427	65	155	473	459	83	318	437	445	375	248
University Medical Center (UMC)	386	415	29	422	64	152	468	455	80	314	434	440	370	245
VA Medical Center (Las Vegas)	384	413	38	421	75	145	467	453	73	312	427	439	369	238
VA Sierra Nevada Health Care System	64	220	474	50	405	430	167	34	495	135	293	94	82	322
Valley Hospital Medical Center	386	415	29	422	64	152	468	455	80	314	434	440	370	245
William Bee Ririe Hospital	258	218	270	339	308	133	271	346	245	274	189	315	318	

ATTACHMENT B - Acute Care Hospital Distance Grid

Based on Google Maps Feb. 2016
(All Distances in Road Miles)

Distance as traveled via ground miles / road system miles (as of Feb. 2016)

Northern NV ACUTE CARE Hospitals

	Carson Tahoe Regional Medical Center	Northern Nevada Medical Center	Renown Regional Medical Center	Renown South Meadows Medical Center	Saint Mary's Regional Medical Center	VA Sierra Nevada Health Care System	City /County Located Within	Phone Number
Banner Churchill Community Hospital	64	58	64	70	64	64	Fallon / Churchill County	775.423.3151
Battle Mountain General Hospital	245	213	219	225	219	219	Battle Moutain / Lander	775.635.2550
Boulder City Hospital	458	468	474	463	474	474	Boulder City / Clark	702.293.4111
Carson Tahoe Regional Medical Center		34	28	21	28	28	Carson City / Carson	775.445.8000
Carson Valley Medical Center	22	57	50	44	50	50	Gardnerville / Douglas	775.782.1500
Centennial Hills Hospital Medical Center	418	428	434	423	434	434	Las Vegas / Clark	702.835.9700
Desert Springs Hospital Medical Center	441	451	457	446	457	457	Las Vegas / Clark	702.733.8800
Desert View Hospital	389	399	405	394	405	405	Pahrump / Nye	775.751.7500
Dignity Health - Rose De Lima Campus	447	458	463	453	463	463	Henderson / Clark	702.564.2622
Dignity Health - San Martin	438	449	454	444	454	454	Las Vegas / Clark	702.492.8000
Dignity Health -Siena Campus	446	457	462	451	462	462	Henderson / Clark	702.616.5000
Grover C. Dils Medical Center	414	424	430	419	430	430	Caliente / Lincoln	775.726.3171
Humboldt General Hospital	193	161	167	173	167	167	Winnemucca / Humboldt	775.623.5222
Incline Village Community Hospital	29	41	34	28	34	34	Incline Village / Washoe	775.833.4100
Mesa View Regional Hospital	479	489	495	484	495	495	Mesquite / Clark	702.346.8040
Mike O'Callaghan Federal Medical Center	435	445	451	440	451	451	Nellis AFB / Clark	702.653.2340
Mount Grant General Hospital	119	129	135	124	135	135	Hawthorne / Mineral	775.945.2461
Mountain View Hospital	424	434	440	429	440	440	Las Vegas / Clark	702.255.5000
North Vista Hospital	435	445	450	440	450	450	North Las Vegas / Clark	702.649.7711
Northeastern Nevada Regional Hospital	319	287	292	298	292	292	Elko / Elko	775.738.5151
Northern Nevada Medical Center	35		8	14	8	8	Sparks / Washoe	775.331.7000
Pershing General Hospital	120	88	93	99	93	93	Lovelock / Pershing	775.273.2621
Renown Regional Medical Center	28	8		10	1	1	Reno / Washoe	775.982.4100
Renown South Meadows Medical Center	21	16	10		10	10	Reno / Washoe	775.982.7000
Saint Mary's Regional Medical Center	30	8	1	10		1	Reno / Washoe	775.770.3000
South Lyon Medical Center	66	76	81	71	81	81	Yerington / Lyon	775.463.2301
Southern Hills Hospital Medical Center	442	453	458	447	458	458	Las Vegas / Clark	702.880.2100
Spring Valley Hospital Medical Center	432	443	448	437	448	448	Las Vegas / Clark	702.853.3000
Summerlin Hospital Medical Center	431	441	447	436	447	447	Las Vegas / Clark	702.233.7000
Sunrise Hospital and Medical Center	436	446	452	441	452	452	Las Vegas / Clark	702.731.8000
University Medical Center (UMC)	431	442	447	436	447	447	Las Vegas / Clark	702.383.2000
VA Medical Center (Las Vegas)	430	440	446	435	446	446	North Las Vegas / Clark	702.791.9000
VA Sierra Nevada Health Care System	28	9	1	7	1		Reno / Washoe	775.786.7200
Valley Hospital Medical Center	431	442	447	436	447	447	Las Vegas / Clark	702.388.4000
William Bee Ririe Hospital	322	316	322	328	322	322	Ely / White Pine	775.289.3001

Nevada Statewide
Medical Surge Plan

ATTACHMENT C

Compliance Agreement

&

Requesting a CMS 1135 Waiver

Compliance Agreement

This compliance agreement (Herein "Agreement") is entered into between the Nevada Division of Public and Behavioral Health (Herein "DPBH") and _____ (Herein "Hospital").

This agreement is made and entered into effective on the _____ day of _____, 20____ by, between and among the Chief Medical Officer, DPBH and the Hospital, License number _____.

RECITALS

The purpose of this Agreement is to enable the Hospital to utilize the proposed alternative provision or temporary structure on the hospital premises described below without violating the Nevada Administrative Code (NAC) Section 439.xx and or 449.xx. (Description of proposal and alternate standards for life safety, fire or environmental health standards)

The necessity for the use of the proposed alternative provision or temporary structure(s) is to assist in providing medical care and services under extenuating circumstances that has, or may, create a significantly higher than normal patient volume throughout the community **and** one of the following conditions also exist:

- ☐ The Governor has declared an emergency or disaster for the geographical area that includes the Hospital's location and the declaration states that a health care surge exists, **or**

- ☐ An authorized local official, such as a local health officer or appropriate designee, has declared an emergency within the Hospital's geographical area and stated that a health care surge exists.

DPBH Responsibilities

1. DPBH will review and approve emergency compliance agreements that are complete and accurate within 24 hours of receipt.
2. DPBH will allow Hospital to use the approved emergency tent or temporary structure on the Hospital's premises for up to 45 days.
3. The Compliance Agreement is time limited not to exceed 45 days. If the timeframe is modified by DPBH to be less than 45 days, the State Health Officer or designee shall notify the Hospital. If the emergency or disaster and the proposed alternative provision or temporary structure exceeds 45 days the Hospital shall submit a request for a variance.
4. DPBH may allow Hospital to begin using the temporary facility immediately and prior to a physical inspection based on the severity of the disaster or emergency.

Hospital Responsibilities

1. Complete and submit an accurate "emergency compliance agreement form" to HCQC via email to all contacts listed below **and** fax.
   [redacted]
2. The Hospital is responsible to ensure that the temporary structure is certified for use in the anticipated weather conditions including: ambient air temperatures (heat and cold), wind speeds and gusts, rain, and snow load. Certification from the manufacturer or outside third party such as, state fire marshal, MIL Spec testing, etc. shall meet this requirement.
3. The Hospital is responsible to ensure that the temporary structure is certified as flame retardant.
4. The Hospital is responsible to ensure that if the proposed structure is a membrane type structure the requirements of the National Fire Protection Association, Life Safety Code, (2012 ed) section 11.10, Temporary Membrane Structures shall be met.
5. The Hospital is responsible to comply with all applicable local and state fire codes and instructions that apply to temporary structures, high risk occupancies, oxygen use, generator use, etc.
6. The Hospital is responsible to get written approval from the local fire authority for the structures use.
7. The Hospital is responsible for staffing, security and the care and provision of medical care within the structure(s).
8. The Hospital recognizes that nothing in this agreement should be construed as a hold harmless or release of liability.
9. This Agreement only applies to authorities and responsibilities of the DPBH. It does not circumvent other federal laws, accreditation standards or regulations including those administered by CMS, TJC (i.e. HIPPA, ADA, etc).
10. The Hospital cannot offer fewer services in a temporary structure but cannot offer additional services that were not certified prior to the emergent event.

Emergency Compliance Agreement Form

Instructions:
Hospitals are required to submit this form anytime a temporary, portable structure or emergency tent is planned to be used on the Hospital's premises for the purpose of patient care or service.

Complete the form and submit via email and fax to the Nevada Bureau of Health Care Quality and Compliance. Complete one form per request.

Hospital Name: _____ License #_____

Hospital Address: _____

City: _____ State: _____ Zip Code: _____

Point of Contact (Name): _____

Phone:_____ Email: _____

- ☐ **Written Approval from local fire authority is attached and**
- ☐ **The Governor has declared an emergency or disaster in the Hospital's geographical area**

or

- ☐ **An Authorized Local Health Official, such as local health officer or appropriate designee, has declared an local emergency in the Hospital's geographical area**

The Temporary Structure will be used for the following (Check all that apply):

- ☐ Triage
- ☐ First- Aid
- ☐ Flu Shots / Prophylaxis Delivery
- ☐ Point of Distribution (POD) Area
- ☐ Waiting Area
- ☐ Patient Treatment Area (ED)
- ☐ Patient Treatment Area (In-Patient Ward)
- ☐ Patient Isolation Area
- ☐ Other _____

Continued on Back

Reason for the request?

Attachments (Please indicate if you are submitting any attachments with this request):

- ☐ Diagrams
- ☐ Photos
- ☐ Maps
- ☐ Other _____

Signature: **Date:**

_____ _____

Hospital CEO

Nevada Bureau of Health Care Quality and Compliance Use:

HCQC APPROVAL PROCESS:

Signature: _____ **Date:** _____ **Approve (Yes/No)** _____
Bureau Chief, HCQC

Signature: _____ **Date:** _____ **Approve (Yes/No)** _____
Administrator, DPBH

Signature: _____ **Date:** _____ **Approve (Yes/No)** _____
Nevada State Health Officer

APPROVAL SHALL START ON _____ AND WILL REMAIN IN EFFECT UNTIL _____.

Please fax and email completed authorization form to requesting Hospital's Point of Contact.

Nevada Statewide
Medical Surge Plan

ATTACHMENT D

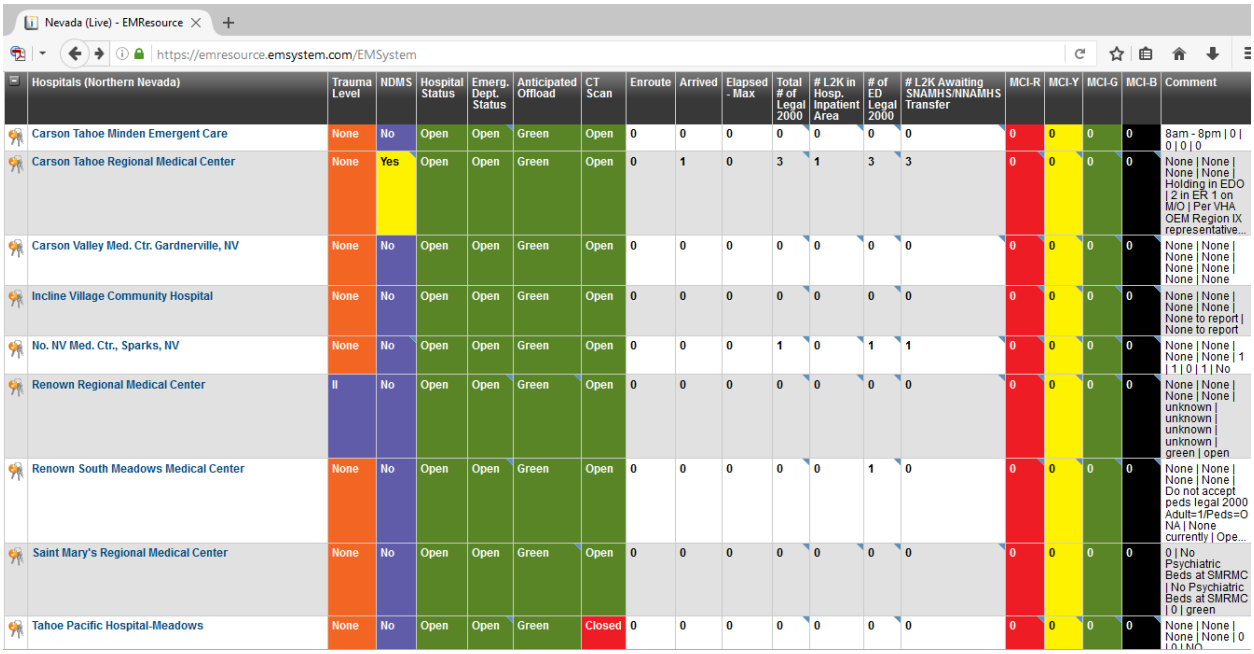
EMResource User Guide

EMResource (HAvBED) User Guide

This User Guide was developed to assist hospital staff in responding to an alert issued by EMResource (HAvBED) to update available bed numbers, or in the event of a real emergency and the need to update hospital status or available bed numbers.

First, go to https://emresource.emsystem.com/login which will direct you to this screen:

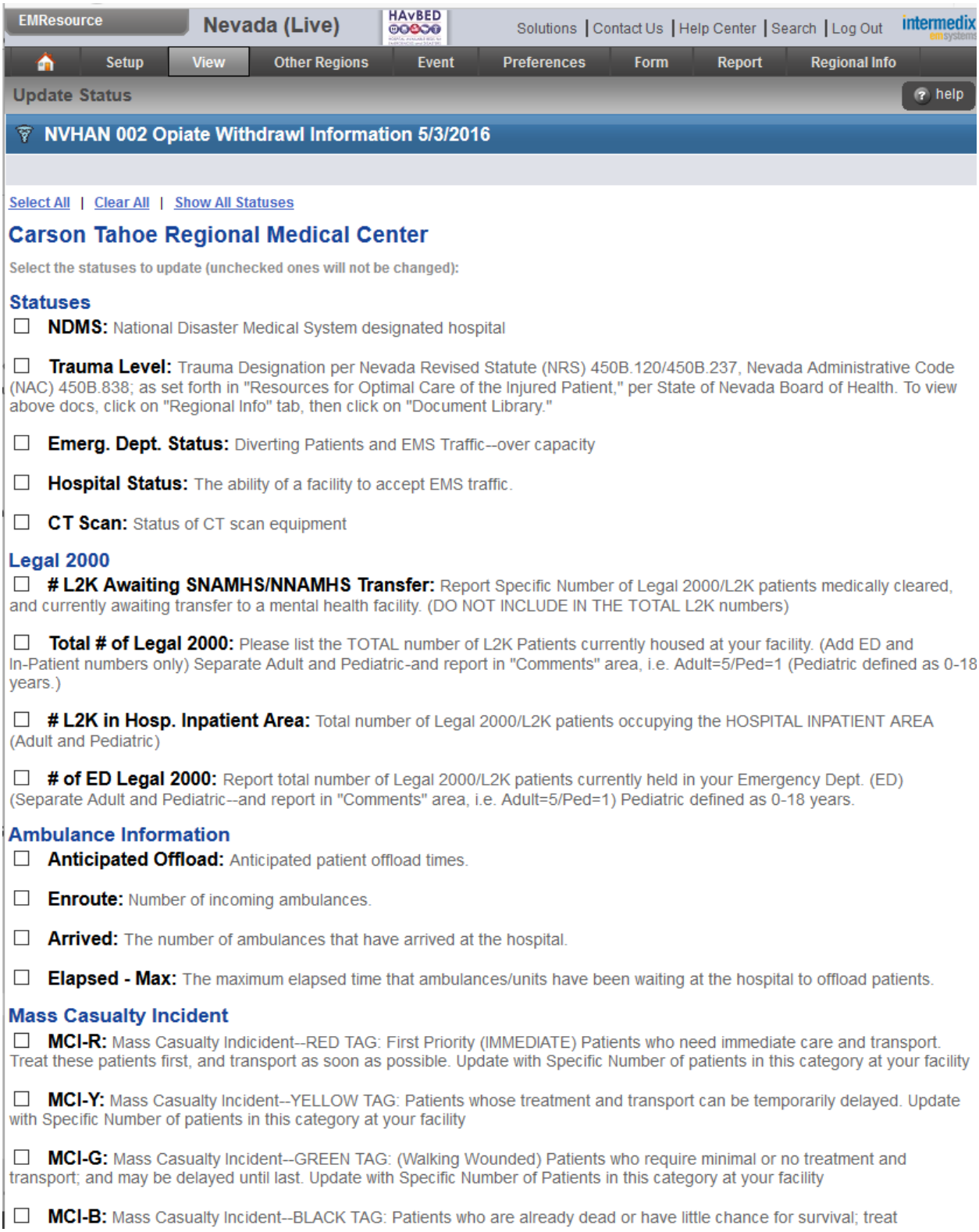
If you do not have a login credential for the system, please contact the Nevada EMResource (HAvBED) Systems Administrator (775-684-3242) to verify eligibility. Once you login, you will see something that looks like this screen:



Hospitals (Northern Nevada)	Trauma Level	NDMS	Hospital Status	Emerg. Dept. Status	Anticipated Offload	CT Scan	Enroute	Arrived	Elapsed - Max	Total # of Legal 2000	# L2K in Hosp. Inpatient Area	# of ED Legal 2000	# L2K Awaiting SNAMHS/NNAMHS Transfer	MCI-R	MCI-Y	MCI-G	MCI-B	Comment
Carson Tahoe Minden Emergent Care	None	No	Open	Open	Green	Open	0	0	0	0	0	0	0	0	0	0	0	8am - 8pm | 0 | 0 | 0 | 0
Carson Tahoe Regional Medical Center	None	Yes	Open	Open	Green	Open	0	1	0	3	1	3	3	0	0	0	0	None | None | None | None | Holding in EDO | 2 in ER 1 on M/O | Per VHA OEM Region IX representative...
Carson Valley Med. Ctr. Gardnerville, NV	None	No	Open	Open	Green	Open	0	0	0	0	0	0	0	0	0	0	0	None | None | None | None | None | None | None
Incline Village Community Hospital	None	No	Open	Open	Green	Open	0	0	0	0	0	0	0	0	0	0	0	None | None | None | None | None to report | None to report
No. NV Med. Ctr., Sparks, NV	None	No	Open	Open	Green	Open	0	0	0	1	0	1	1	0	0	0	0	None | None | None | None | 1 | 1 | 0 | 1 | No
Renown Regional Medical Center	II	No	Open	Open	Green	Open	0	0	0	0	0	0	0	0	0	0	0	None | None | None | None | unknown | unknown | unknown | unknown | green | open
Renown South Meadows Medical Center	None	No	Open	Open	Green	Open	0	0	0	0	0	1	0	0	0	0	0	None | None | None | None | Do not accept peds legal 2000 Adult=1/Peds=ONA | None currently | Ope...
Saint Mary's Regional Medical Center	None	No	Open	Open	Green	Open	0	0	0	0	0	0	0	0	0	0	0	0 | No Psychiatric Beds at SMRMC | No Psychiatric Beds at SMRMC | 0 | green
Tahoe Pacific Hospital-Meadows	None	No	Open	Open	Green	Closed	0	0	0	0	0	0	0	0	0	0	0	None | None | None | None | 0 | 0 | NO

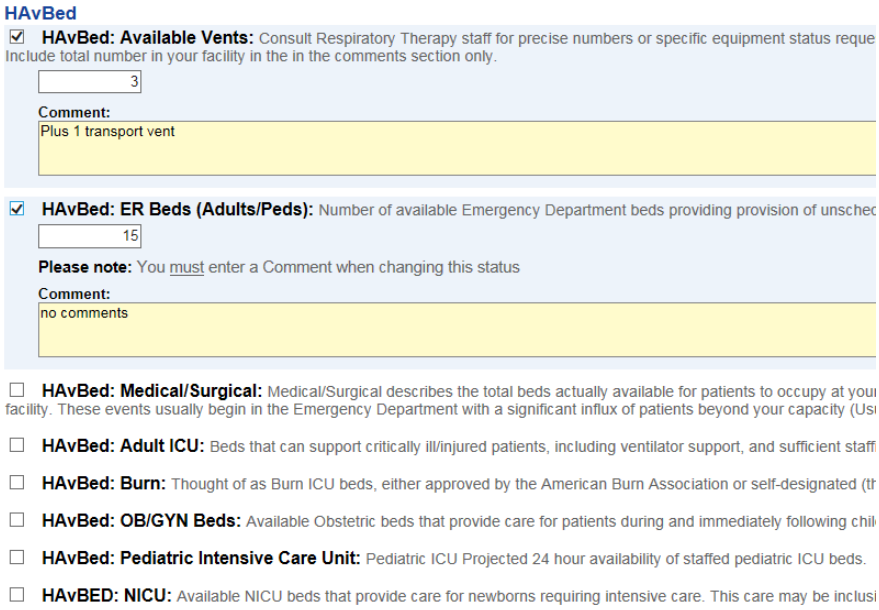
In order to update your hospital available bed status, click on the set of keys next to your facility's name: 

The **Update Status** screen will then appear; click on the **"Show All Statuses"** link directly above the hospital name.



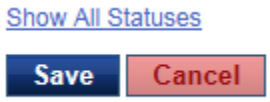
Do NOT choose the Hospital Capacity to place your HAvBED (**available** bed) response numbers into. Hospital Capacity refers to the total amount of beds your facility is *licensed* for.

Keep scrolling down until you see HAvBED. Select all of the check boxes in this section.



As the status sections open up, input the available number of units for each category. Please note that a few phone calls may need to be made to the different sections of the hospital to get the true available numbers to input into the system. There are a few selections that also require a note to be written for the reason for a change. (See the HAvBed: ER Beds item under "Please Note".) Make sure you place any comment in the comment area or the system will give you an error message when you go to save.

Once you have entered all of the available bed numbers, click **SAVE** at the bottom of the page.



For any questions, please contact Rodney Wright 775-684-3242 or rjwright@health.nv.gov or Eric Eakin 775-684-5973 or eeakin@health.nv.gov. If after-hours emergency assistance is needed, contact the Division of Public and Behavioral Health Duty Officer at 775-684-5920.