Overview: Evacuation and Shelter in Place Guidance

Evacuation of the healthcare facility may be necessary following an emergency such as a facility fire or damage from a natural disaster such as an explosion or flooding. The decision to evacuate a healthcare facility will be based on the ability of the facility to meet the medical needs of the patients. Immediate threats to life, such as internal fires or unstable structures, will require emergent evacuation, while other situations may allow for a planned and phased evacuation.

Part I provides general guidance on the differences between evacuation and shelter in place including the roles and responsibilities of healthcare facilities and the healthcare system. A planning, response, and recovery checklist is provided. The facility has assessed and addressed the considerations that are essential for a successful evacuation or shelter in place response. A listing of online resources is included which identifies documents that offer more details.

Operational Definitions

Shelter in Place: A procedure used to take immediate shelter in a current location. May be abbreviated as "SIP". May be used in response to:
- A hazardous materials release for which actions such as sealing up windows and doors may be necessary.
- Inclement weather such as extreme winds which may require sheltering in place but away from windows.
- An active shooter or active threat situation. When SIP is done in this situation, it is sometimes called Defend in Place.

Evacuation: The movement of patients and personnel from a dangerous location to one of relative safety.

> **Partial Evacuation or Relocation:** Patients and personnel are moved within the facility.
>
> **Horizontal Evacuation:** Evacuation on the same floor, often to the other side of a set of fire barrier or smoke compartment doors.
>
> **Vertical Evacuation:** Evacuation to a safe place on another floor, can be upward or downward.
>
> **Total or Complete Evacuation:** The full evacuation of a facility to an outside area which may also require transfer of patients (and possibly personnel) to another healthcare facility or alternate site.

Emergent Evacuation: An evacuation that is conducted in quick response to an acute emergency.

Planned or Phased Evacuation: An evacuation that is conducted in a planned or phased manner in response to an impending emergency such as wildfire or flood.

Refuge Area: A location within a building that is identified as having relative safety. May be used in SIP situations or partial evacuation/relocation.

Assembly Point or Collection Area: A pre-identified area outside of the building where departments will assemble upon evacuation from the facility.

Roles and Responsibilities

Healthcare Facilities
- Develop and train/exercise personnel on shelter in place and evacuation plans.

- Move patients, visitors and personnel to an area out of danger and to relative safety.
    - Additional assistance to move patients and personnel, the local fire department may be able to help

- Notify local agencies that we are experiencing an adverse incident that requires sheltering or evacuation and update your operational status.
    - All Healthcare Facilities: (DOH Contact and City OEM)
    - If you rent space, notify your landlord

PATIENT TRANSFER
- If patients need to be transferred to another facility for ongoing medical care, **identify available beds** by the following procedures:
- Coordinate with other facilities in your healthcare system.
  If the above resources are unavailable or inadequate, request assistance from the HCS, HERDS, Local DOH
  Provide the number of patients by type of bed (critical care, medical/surgical, pediatrics, etc.) that require evacuation.
- **Obtain transportation resources** by contacting your contracted ambulance providers, If the above resources are unavailable or inadequate, request assistance from the County EMS Agency.
  Transferred patients should have **medical records and medications** sent with them.
   At a minimum, use a triage tag or NHICS Form 260 Patient Evacuation Tracking and Efinds.
  Maintain a log of transferred patients, include the following:
      1) Name of patient;
       2) Facility transferred to;
      3) Type of service (i.e., medical/surgical, ICU, etc.);
       4) Equipment sent with patient (i.e., IV pump, ventilator, wheelchair, etc.);
       5) Mode of transportation
      Use routine transfer summary forms, use the sample found in the Template, or use a combination of NHICS Form 260 and HICS Form 255 Master Patient Evacuation Tracking Form
- Poll all hospitals to determine their ability to take transfers and/or their need to evacuate their facility.
- Notification
    1. Notify local fire departments and law enforcement agencies of the pending evacuations that require patient transfers; request assistance to ensure

evacuation routes minimize are available to minimize risks associated with the evacuation
- Provide transportation resources
    1. Deploy local ambulance resources; if additional resources are needed, activate ambulance strike teams (AST) or consider alternate modes of transportation (e.g., buses)
    2. If the above are inadequate, request transportation resources from the State
- Provide individual Facility being evacuated with the following information:
    1. Patient destination information including the number of patients by type to each facility
    2. Transportation resources being dispatched and the estimated time of arrival

Key Contacts

In addition to the key contacts identified below, include contact information for your own local agencies:
- Police (nearest station)
- Fire (nearest station)
- Emergency management (may be a city department, city hall, or a part of police or fire)
- Utilities: water, power, telecommunications
- Transportation (public and private): ambulances, busses or shuttles
- Disaster Resource Center Umbrella facilities (hospitals, clinics, skilled nursing, etc.) - Refer to your Regional Response Plan

Government

County Department of Health Services Emergency Medical Services (EMS) Agency
- 24/7 Medical Alert Center
- http://ems.web site
- Duty Officer

County Department of Public Health
OEM DOH EMS numbers.

[Checklist](#)

A listing of online resources is included at the end of Part I, which identifies documents that offer more details.

ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
Criteria or triggers and a rapid decision-making process to determine the need to activate the SIP or evacuation plan		
Do you need a decision tree or matrix that would help in the decision to activate?		
Policy defining who has authority to order SIP		
Policy defining who has authority to order voluntary evacuation		
Policy defining who has authority to order involuntary evacuation - what governmental agencies would provide this direction		
If they feel they are unsafe, can a department or any personnel member begin to shelter in place or evacuate without instruction from leadership or the incident management team?		
Different types of evacuation are defined: --- Immediate vs. delayed ---Vertical, horizontal, total		
Describe phases of implementation (e.g., personnel notification, accessing available resources and equipment, preparation of patients and patient supplies and equipment, etc.)		
Procedures to notify and activate the incident management team		
Personnel alert and notification procedure for when the SIP or evacuation plan is activated		
Notification procedure for when a department or personnel member initiates SIP on their own		
COMMUNITY RESPONSE PARTNERS		
Do you have a key contacts list?		
Who are your community response partners and how do you contact them - landline phone, mobile phone, radio, email, satellite radio/phone, etc		

ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
Procedures for the alert and notification of community response partners: ---Other healthcare facilities ---LA County EMS Agency / CCALAC ---Licensing & Certification ---Local fire and police departments ---Transportation agencies ---Private businesses		
Which community response partners can help you in an evacuation?		
Who can help with the movement of patients/residents within your building?		
Who can help you with transporting patients to another facility?		
Which community response partners might be able to take your patients/residents? Have you already talked to them about this? Do you have an agreement established?		
Do you have the Licensing and Certification on your notification list? At your facility, whose responsibility is it to call them?		
If renting, notify property management or landlord		
Notify other tenants in your building that you are SIP or evacuating		
If you rent space to others, how do you notify them? Do they have plans in place to shelter or evacuate?		
If you are located in close proximity to other businesses (healthcare or otherwise), do you need to notify them as well? Might they be impacted by the same incident?		
INCIDENT MANAGEMENT TEAM		
What are the key positions in the Incident Command System that your facility will need to manage its response?		
Have they reviewed the evacuation and shelter in place plans for your facility?		
Have they had any training or exercises on evacuation and sheltering?		
COMMAND CENTER		
Where will your Incident Management Team (IMT) gather? Do you have a pre-identified Command Center?		

ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
What if that Command Center is not available, do you have an alternate site identified? Does the alternate site have resources in it? What if you need to gather outside the facility - do you have pre-identified location?		
Procedures to activate Command Center. If not possible due to circumstances, identity alternate incident management procedures.		
Command Center supplies ('go' box) that is stored outside of the facility		
DEPARTMENT RESPONSIBILITIES		
Is each department responsible for the shelter in place or evacuation of its patients/residents and visitors?		
Does each department have its own plan?		
Does each department have their own leadership succession plan?		
Does each department have their own leadership communication plan?		
INCIDENT MANAGEMENT		
Are plans, procedures, and protocols readily accessible by your IMT?		
Are plans, procedures, and protocols readily accessible by department personnel?		
Are maps included in your plan?		
Do you use the HICS Evacuation Incident Response Guide?		
At what point do you determine that you will need to transport patients/residents? What will be your trigger? Lack of supplies, lack of personnel, lack of power, etc?		
If you are sheltering or evacuating due to a law enforcement situation, who maintains control over the incident? How much authority will your facility maintain?		
Process to ensure accurate and continuous documentation		
What resources do you need for documentation: paper, forms, pens, computers?		
Process for accurate expense and revenue loss tracking		
Establish what type of payment arrangement you will use with the receiving facilities		
Establish what type of payment arrangement you will use with the transportation agencies		
Process for securing animal research areas		
COMMUNICATIONS		

ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
How will the Incident Management Team (IMT) communicate with the affected area that is sheltering in place or evacuating to receive and send updates on the situation, advise if there are changes in normal procedures, etc?		
Procedures to maintain communication with the whole facility to keep them updated on the incident		
What are the communications devices that will be used? radios, mobile phones, satellite phones, runners, etc		
If sheltering, how will communication take place? Will each department or refuge area have a radio or will you rely on telephone?		
If outside, how will communication take place? Will each department or assembly point have a radio? How many radios do you need? How will these radios be deployed? Do personnel know how to use them?		
Procedures to maintain communication with community response partners		
If you evacuate, how will you access ReddiNet or other computer/internet-based systems?		
Plan for regularly providing information and updates to the media		
Identify alternate site for the media center		
STAFFING		
What are key personnel roles during shelter in place ?		
What are key personnel roles during evacuation?		
Have personnel been trained or exercised on these responsibilities		
Do you have a policy that states that you expect personnel to stay to respond to the incident until the incident has been cleared?		
What if personnel leave without authorization?		
Does each department have enough personnel to evacuate its patients or residents?		
Will some departments be delayed in evacuating until the IMT can re-assign personnel to assist?		
Do you have a way to track personnel?		
During an evacuation, will you establish a labor pool?		
Do you have pre-designated location for the labor pool?		
Are the Labor Pool's functions during an evacuation pre-identified?		

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Should your Human Resources department's Assembly Point be the Labor Pool area?		
What resources would they need to bring with them? Are there cached resources outside of the facility?		
How will other departments know where the Labor Pool is? How will you notify/communicate with other departments that you need extra staffing?		
Supplemental staffing plan through call-backs or requesting from other resources. What if landline phone are not available?		
Process to re-assign personnel		
Protocols for accepting and orienting personnel and volunteers from other facilities to assist with evacuation		
If the incident is ongoing (or even if it has been cleared), how will you inform off-duty personnel of their instructions to report for duty or provide incident updates?		
Do you have hardcopy lists of personnel emergency telephone contacts in case they need to be notified of the evacuation / situation? Where are these lists located, and who is responsible for maintaining them and bringing them during an evacuation?		
Procedures for personnel family notification		
POPULATION - How many people are you responsible for?		
At your peak time, how many patients/residents, visitors, and personnel do you have?		
How does time of day or day of week affect these numbers?		
How does your plan address having less personnel to perform a shelter in place or evacuation?		
How many of your population (including patients/residents, visitors, and personnel) are non-ambulatory?		
At a given time, how many normally ambulatory patients are incapacitated due to being mid-procedure, having their eyes dilated, etc?		

ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
How many of your personnel who may not normally need assistance will need extra assistance to evacuate? How will you ensure that these personnel members receive assistance? How many personnel have limited mobility or are non-ambulatory? What about personnel that are hearing, visually or cognitively impaired? Do you have any personnel with service animals?		
Based on your population and the resources they need to evacuate, can you prioritize/sequence which departments are evacuated?		
SHELTERING IN PLACE		
Describe how communication will be maintained, and documented, for personnel and outside resources		
Diagrams or maps of refuge areas throughout campus (e.g., areas that have shelter in place resources cached)		
Procedures to assess and implement the need for shutting down HVAC, particularly if there is limited movement available within the facility		
Procedures to assess and implement the need for sealing the facility (for example, sealing vents, doors and windows with tape and plastic)		
Departments have pre-identified essential activities to occur in the safe refuge areas		
Does each department or station have a cache of disaster supplies including those for sheltering in place?		
Procedures to assess and implement the need for the movement of patients/residents, personnel and visitors to SIP/safe locations		
Designate safe refuge locations and routing options within the facility		
Procedures for providing supplies, equipment, pharmaceuticals, water and food to SIP/safe location(s)		
PARTIAL EVACUATION – RELOCATION WITHIN THE FACILITY		
Does each department or station have a cache of disaster supplies? Do these include items to move patients - relocation within the building or to evacuate out?		
Designated evacuation location and routing options within the facility such as pre-identified care areas that match the evacuating care area, waiting areas, auditorium, etc.		

ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
Can you match services provided to ensure continuity of care?		
Are there pre-identified primary and secondary routes for in-house movement?		
Are your smoke or fire compartments labeled?		
Can some stairwells be designated for certain types of patients/residents? Can a stairwell be designated as an up stairwell for personnel/emergency responders to go back up to evacuate more people?		
Procedures and equipment for multiple methods and equipment for evacuating patients (e.g., chairs, stretchers, SKED-type devices, blanket drag, multiple person carry, and/or single person carry)		
Identify and provide special equipment that may be needed during an evacuation (e.g., flashlights, headlamps, light sticks, etc.)		
Do you have a system to notify departments that other departments are relocating to them?		
Describe how communication will be maintained, and documented, for personnel and outside resources		
TOTAL/COMPLETE EVACUATION		
Identify evacuation priorities by department, floor, service, patient acuity, or resources required (staffing, equipment, or time) for evacuation		
Identify evacuation pathways – elevators, stairwells, exterior corridors		
Can some stairwells be designated for certain types of patients/residents? Can a stairwell be designated as an up stairwell for personnel/emergency responders to go back up to evacuate more people?		
Procedures and equipment for multiple methods and equipment for evacuating patients (e.g., chairs, stretchers, SKED-type devices, blanket drag, multiple person carry, and/or single person carry)		
How much of your personnel have trained on the use of the evacuation equipment? If they need to use it for the first time, is it easy to use?		
Can you use your evacuation equipment to move people horizontally, vertically up, and vertically down?		

ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
Identify and provide special equipment that may be needed during an evacuation (e.g., flashlights, headlamps, light sticks, etc.)		
Do you have readily available evacuation instructions with diagrams, such as for blanket drag, multiple person carry, and/or single person carry		
How will personnel mark or designate that an area has been evacuated?		
How will personnel mark or designate patients/residents that need extra assistance after the rest of the area has evacuated?		
Do you have plans or have exercised vertical evacuation upward?		
If you need to evacuate from the roof, how many of your stairwells have roof access?		
Can a helicopter land on the roof?		
Evacuation is a strenuous activity. Do you have employee health personnel that can monitor personnel during or after to ensure personnel safety for ergonomics and other health problems (e.g., an asthma attack)?		
ASSEMBLY OR COLLECTION POINTS		
Are safe refuge areas pre-identified within your facility?		
Do you have shelter in place resources stored in the safe refuge?		
Are your external assembly points pre-identified and labeled with signage so that departments know where to go?		
Do you have diagrams or maps of assembly points throughout campus?		
Have your departments identified what activities they will need to conduct at the assembly point - clinical and non-clinical?		
What resources will departments need? Will they need to bring these resources with them?		
If personnel need supplies, how will they make this request?		
Does your facility have an external cache of resources outside the building? What are these resources - food, water, chairs, tents, medical supplies, generators, radios?		
How will these resources be deployed?		

ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
Describe how communication will be maintained, and documented, for personnel and outside resources		
Process to search the evacuated building(s) to ensure that everyone has evacuated		
Establish a first aid station with basic medical supplies		
MAINTAINING PATIENT CARE		
Procedures to maintain continuity of care if the usual equipment is not available during the sheltering process		
Department planning consideration: patients that are mid-procedure, how quickly can they be moved to a safe area or evacuated? What would be needed to stabilize them?		
Procedure and resources for sheltering patients in surgery		
Procedure and resources to evacuate patients in surgery		
Who has the authority to determine when a patient in surgery is stable enough to evacuate?		
Do your operating rooms have overhead paging and can hear when a disaster code is paged?		
What supplies or equipment would be needed to safely move a patient that was mid-surgery? How would these patients be moved down stairs? Because these patients may take longer to evacuate, are they lower on the priority list when doing an emergent evacuation?		
Procedure and resources to sheltering ICU patients		
Procedure and resources to evacuate ICU patients		
For patients/residents that are on biomedical equipment, how do you move this equipment with the patient whether sheltering in a safe refuge or evacuating?		
Can any of the biomedical equipment be disconnected during movement, and then reconnected at the refuge or assembly point?		
Procedures to provide power to electrical equipment		
Procedures on how equipment identified as necessary to provide continuity of care can be moved with the patient, how you will identify and track patient's own equipment, (e.g., beds, wheelchairs, ventilators, etc)		
If biomedical equipment have battery back-up, how long does it last? How will you get emergency power to these patients/residents?		

ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
Because these patients with biomedical equipment may take longer to evacuate, are they lower on the priority list when doing an emergent evacuation?		
Will you let mothers/fathers/family members carry their infant during relocation or evacuation? Or will nurses/healthcare professionals be responsible for carrying the infant patient?		
How will you ensure that infants and children stay with their parents or are matched up at the assembly point?		
Movement and evacuation procedures to evacuate infants and small children		
Do you have specialized infant carriers?		
Movement and evacuation procedures and equipment for specialized patients - those that require airway management, back and neck support, etc.		
How will you ensure continuity of care for patients once they have been evacuated? Do you have a cache of medical supplies that can be deployed to assembly points?		
How will you ensure continuity of care if the usual equipment is not available during the evacuation process		
Upon relocation or evacuation, how will you document medical interventions?		
Do you prioritize moving behavioral health patients/ residents first or last?		
Do you need to separate behavioral health patients/ residents from the other evacuees and keep them all together?		
Process to assess isolation needs and resources available to maintain isolation precautions for the safety of personnel and patients, including communication of need for precautions above Standard Precautions		
Procedures to document clinical information, particularly for long sheltering operations		
If it is a community incident, you may receive walk in patients or patients/personnel/visitors in your facility may have injuries as a result of the incident. Do you have staffing and supplies to establish a triage and patient care area?		
PATIENT / RESIDENT TRANSFER		

ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
How will you determine how many patients/residents need to be transported?		
What is your priority / sequence to transfer - who makes this decision?		
What are you procedures to rapidly identify if beds are available at other facilities		
Who are the healthcare facilities in your area that can receive your evacuees? Can you divvy them up so that one facility is not overwhelmed?		
Do you have sister facilities that can assist?		
Who will you contact if you cannot find beds?		
Identify/reference any written documentation that confirms the commitment of these facilities		
Procedure to identify evacuee transportation resources		
List and numbers of patients by type and/or transportation resources needed (buses, vans, ALS / BLS ambulances, ambulettes, trucks, wheelchair vans, etc.)		
Can your usual transportation providers move your evacuees? Are they limited in the acuity of patients/residents?		
How do you find more options for transportation? Do you have these pre-identified?		
Describe the process for contacting EMS to request and to coordinate transportation needs/resources with patient needs (i.e., acuity level, wheelchairs, life support, bariatric)		
Do you have a staging area designated for patients/ residents waiting for transportation?		
Is your staging area organized by order of evacuation?		
Identify if and which personnel need to transfer with evacuees		
Identify the resources necessary to address evacuee needs during transport		
What resources will need to accompany patients and personnel - medications, medical supplies?		
If travel time will be lengthy to the receiving care site, how will personnel handle the need for restroom / human waste collection and disposal? Will there be supplies provided?		
Identify pre-designated areas to congregate patients / residents according to predetermined criteria (i.e., event, acuity, mobility levels)		

ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
PATIENT / RESIDENT TRANSFER - MEDICAL RECORDS		
How do you ensure HIPAA standards are maintained?		
Process to facilitate transfer of individual information, medications, and valuables		
If you use electronic medical records and you can't access them, what information will you send? Are there downtime procedures that can be implemented?		
If you use paper medical records, will you send the entire record with the patient/resident?		
Establish protocols for sharing special needs information, as appropriate, with personnel participating in the evacuation, including transport agencies, receiving facilities, alternative care sites, shelters and others involved in evacuee care		
Identify protocol for linking and reuniting evacuee and personal possessions not taken during evacuation		
Procedures for rapid family notification		
PATIENT / RESIDENT TRANSFER - IDENTIFICATION		
Provide evacuees with standardized visual identifiers, such as a color-coded wristband or evacuation tag, to help personnel rapidly identify special needs for high risk conditions that, if not easily identified, could lead to injury or death of an evacuee		
PATIENT / RESIDENT TRANSFER - TRACKING		
Do you have a process for patient/resident tracking system for ambulatory patients and non-ambulatory patients?		
Do you have a process for patient/resident tracking to monitor where they next receive care after leaving your facility? Will this process help in repatriating patients?		
SECURING THE FACILITY		
Define procedures for securing the facility and perimeter		
Process to maintain general and high risk area facility security		
Process to control access and movement in and between facilities		
Who will be authorized to re-enter buildings after they have been evacuated? Will you send personnel back in to assist other departments to evacuate? How will you know they have been approved to re-enter?		
Plan to maintain traffic control on campus		

ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
Describe procedures for security and/or management of controlled substances		
Describe procedures for securing utilities, including shutting down/controlling gas, medical gases, water and electricity as appropriate to event (potentially shutting down or activating generators); consideration should be given to potential impact on equipment and systems and potential for spoilage of food and pharmaceuticals.		
Process to secure diagnostic radiology areas / medications / isotopes		
How will you determine if (and which) personnel will remain at the facility to conduct repairs, etc, while the rest of the building is empty?		
Describe the coordination with local public safety		
RECOVERY - FACILITY RE-OPENING AND PERSONNEL REPATRIATION		
Facilities are determined to be structurally sound and safe, and systems are not compromised, for occupancy. If not safe, may require repairs/retrofits/replacements that need to be approved by OSHPD, fire marshal and L&C.		
If you rent your space, how do you get the all clear that you can move back in?		
What are your procedures for restoration and testing of infrastructure – water, electricity, HVAC, medical gases? Will you need to hire contractors to assist with this process?		
All items within the facility that can be affected by spoilage due to loss of power and/or high temperatures are tested and repaired/replaced/quarantined, as needed (e.g., food, medications, radioactive supplies and equipment, computerized diagnostics, etc.).		
Procedures to assess the status of equipment, and conduct maintenance, if necessary		
Procedures to assess the need for and implementing cleaning and decontamination		
Do you have a checklist to assure that you have certification by local authorities (i.e., L&C, OSHPD, local fire marshal, State Pharmacy Board, LAC Dept of Public Health, etc) to reoccupy the facility?		
Essential functions and supplies/supply chains (pharmacy, supplies, laundry, etc.) are reestablished		

ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
How do you prioritize which departments and personnel to bring back? Do you reestablish and open up all departments at the same time?		
How will you notify other healthcare facilities, LAC EMS Agency, L&C, media, patient families, etc, that you are reopening? How will you inform them that you are open for business, and that your facility is safe?		
Procedures to assess the need for and implement personnel counseling		
RECOVERY - PATIENT REPATRIATION		
Procedures for patient/resident health assessment, especially after sheltering in place or internal relocation		
Will all of your patients/residents come back to your facility? How will you inform them that you are open for business, and that your facility is safe?		
If you offer walk-in services, do you need to advertise that you are now open?		
How will you coordinate patient transportation with the sending hospital/healthcare facility?		
Will you be able to amend the medical record that you already had for that patient with any new information from the sending facility? Will you need to have a process to transcribe these notes? Will you need to re-register these patients?		
RECOVERY - FINANCIAL		
How will you bill for your patient's care properly?		
The facility that took in your patient/resident and then returned them to you, will they bill you for their services?		
What rates do you use to determine the bill? How many o f your patients are on Medicare or Medi-Cal?		
Will you need to negotiate rates with the receiving facility? Is this something you can do prior to an incident?		
Do you know your insurance providers policies on billing during an emergency?		
How will transportation costs be paid for? Is it billable to the patient's / resident's insurance? Is it covered under an existing agreement the facility has with the ambulance / transportation company? Or will the County cover the cost under its overflow contract with ambulance providers?		
How will you compensate personnel that transported with patients/residents or were relocated to alternate care sites?		

ELEMENT OR CONSIDERATION	DONE	DEPT RESPONSIBLE & PLANNING PARTICIPANTS
Will you compensate personnel if the facility is closed and there is no work for them?		
How will you have equipment or surplus supplies returned to you that may have transported with evacuated patients/residents?		
What type of documentation do you need for your insurance provider? Do you need documentation other than invoices, purchase orders, etc, such as photographs or official government reports on the incident?		

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