

Finger Lakes Healthcare Emergency Preparedness Coalition (FLHEPC)

Hospital Mutual Aid Plan

Finger Lakes Healthcare Emergency Preparedness Coalition (FLHEPC)
Hospital Mutual Aid Plan

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Acronyms

HCC	Hospital Command Center
HICS	Hospital Incident Command System
ICS	Incident Command System
MAP	Mutual Aid Plan

Definitions

Disaster

An incident that exceeds a facility's effective response capability or cannot appropriately be resolved solely by a facility using its own resources.

Disaster Struck Facility

Facility where the disaster occurred (for internal disasters) or where the majority of victims are being triaged (for external disasters).

Donor Facility

Facility that provides staff, pharmaceuticals, supplies, or equipment to another.

Receiving Facility

Facility that receives evacuated patients.

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Table of Revisions

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Finger Lakes Healthcare Emergency Preparedness Coalition (FLHEPC)
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I. Introduction

Members of Rochester Regional Healthcare Association's (RRHA) **Finger Lakes Healthcare Emergency Preparedness Coalition (FLHEPC) Mutual Aid Plan** are susceptible to disasters, both natural and man-made, that could exceed the resources of any individual hospital. A disaster could result in the need for partial or complete facility evacuation and/or the need for additional beds, staff, equipment, and other supplies.

A. Purpose and Objectives of the Plan

The mutual aid support concept is well established and is considered "standard of care" in most emergency response disciplines. The purpose of this mutual aid support agreement is to aid RRHA member facilities in their emergency management by authorizing the loan of medical personnel, pharmaceuticals, supplies, and equipment, and by facilitating the safe and timely evacuation of patients from a disaster-struck hospital into another facility.

For purposes of this Mutual Aid Plan (MAP), a disaster is defined as an overwhelming incident that exceeds the effective response capability of the impacted health care facility or facilities. The disaster may be an "external" or "internal" event for facilities and assumes that each affected facility's emergency management plan has been fully implemented. An incident of this magnitude will almost always involve the local emergency management agency and applicable levels of the department of health.

B. Legal Authority for the Plan

This Plan infers a voluntary agreement among the participating hospitals for the purpose of providing mutual aid at the time of disaster. It is understood that in the event assistance may be needed from a long-term care facility, the hospital will contact their affiliated nursing home(s)/long-term care facility(ies). In turn, these facilities may trigger activation of their respective long-term care mutual aid plan.

C. Plan Members

Area	County	Hospital
Northern	Monroe County	Highland Hospital Rochester General Hospital Strong Memorial Hospital Unity Hospital
Eastern	Livingston County	Nicholas H. Noyes Memorial Hospital
	Ontario County	Clifton Springs Hospital & Clinic F. F. Thompson Hospital Geneva General Hospital
	Seneca County	No hospitals in Seneca County
	Wayne County	Newark-Wayne Community Hospital

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Area	County	Hospital
	Yates County	Soldiers & Sailors Memorial Hospital
Southern	Chemung County	Arnot Ogden Medical Center St. Joseph's Hospital
	Schuyler County	Schuyler Hospital
	Steuben County	Corning Hospital Ira Davenport Memorial Hospital St. James Hospital

D. Plan Maintenance

It is understood that this Mutual Aid Plan will be updated and modified annually or as needed for more current data, as well as more appropriate procedures by representatives from each of the participating organizations through their participation in the Regional Coalition. The Rochester Regional Healthcare Association provides oversight for all plan maintenance.

Annual review will be conducted through the Finger Lakes All Partners Meetings, with the following schedule:

- December meetings will call for changes
- March for submission of changes, and
- June for approval of changes.

II. Preparedness

A. Participant Roles, Responsibilities, and Obligations

1. Member Hospitals

Each hospital designates a representative to attend the Regional Coalition meetings and to coordinate the mutual aid initiatives with the individual hospital's emergency management plans. Hospitals also commit to participating in exercises and drills to test the plan.

2. Implementation of Hospital Mutual Aid Plan

During a disaster, only the Incident Commander (or designee) at each hospital has the authority to request or offer assistance through this Mutual Aid Plan. Communications between hospitals for formally requesting and volunteering assistance should therefore occur among the authorized Incident Commander (or designee).

3. Hospital Command Center (HCC)

The impacted facility's HCC is responsible for informing emergency authorities of its situation and defining needs that cannot be accommodated by the hospital itself. The Incident Commander (or designee) is responsible for requesting personnel, pharmaceuticals, supplies, equipment, and/or authorizing the evacuation of patients. Appropriate command center personnel in the HCC will coordinate internally all of the logistics involved in implementing assistance under the MAP.

Logistics include but are not limited to identifying the number and specific location where personnel, pharmaceuticals, supplies, and equipment should be sent, how to enter the security perimeter, and the estimated return date of borrowed supplies.

It is understood that if one or more facilities are evacuating, the Disaster Struck Facility(ies) will work with their local emergency management office and all applicable level(s) of the Department of Health.

4. Documentation

During a disaster, the Disaster Affected Facility will accept and honor the Donor Facility's standard requisition forms. Documentation should contain the items involved in the transaction, condition of the material prior to the loan (if applicable), and the party responsible for the material.

5. Authorization

The facility needing and accepting Donor Facility's staff, equipment, and/or supplies to assist them in an emergency will have:

- a) Supervisory direction over the Donor Facility's staff, and
- b) Responsibility for borrowed equipment and supplies once they are received.

6. Financial and Legal Liability

The Facility requesting and receiving a Donor Facility's staff, equipment, or supplies to assist it in providing patient care will assume legal responsibility for the personnel and equipment from the Donor Facility during the time the personnel, equipment, and/or supplies are at the Receiving Facility. The Facility receiving equipment and/or supplies to care for their own patients will reimburse the Donor Facility for all of the Donor Facility's costs as determined by the facilities involved.

The Patient Accepting Facility assumes the legal and financial responsibility for transferred patients upon their arrival into the Patient Accepting Facility.

Unless otherwise noted, staff members relocated to a receiving facility will remain under the obligatory requirements of their employer, and that employer will continue to pay staff per current employer/employee agreement. Any reimbursement of cost for employees will be addressed at a management level between the two hospitals, following the emergency event.

7. Public Information

Each facility is responsible for developing and coordinating with other hospitals and relevant organizations (i.e. emergency and governmental agencies) any public information related to the disaster.

8. Emergency Preparedness Committee

Each facility's Emergency Preparedness Committee is responsible for disseminating the information regarding this MAP to relevant facility personnel, coordinating and evaluating the facility's participation in exercises of the MAP, and incorporating the MAP concepts into the facility's emergency management plan.

9. Good Faith Obligation

The member hospitals shall provide mutual assistance as set forth in this MAP to the maximum extent possible. Decisions about providing mutual assistance pursuant to this MAP shall be made by:

- Objectively assessing whether and which resources can be feasibly shared, and the degree to which patients can be safely transferred or received;
- Clearly conveying capacity for mutual assistance to other parties; and
- Striving to ensure transparency, honesty, and fairness in all phases of mutual assistance.

10. Hold Harmless Condition

A Donor Facility and/or Receiving Facility staff, equipment, and/or supplies will be held harmless for acts of negligence or omissions when acting in good faith to a response for assistance during a disaster.

B. Training and Exercise

It is the responsibility of each individual hospital to incorporate this Mutual Aid Plan in their annual training and exercises as appropriate to their facility and planning needs.

III. Response

A. Plan Activation

This agreement will be activated when an emergency or disaster exists at any of the participating hospitals or health systems by the Incident Commander at that facility/system. Upon obtaining information that an emergency or disaster exists, all participating hospitals and health systems will assess their current status and prepare to offer aid and assistance as described in this Plan, according to their ability to assist.

B. Communications

Communications are critical during a disaster. *See below for "Initial Notification Process".*

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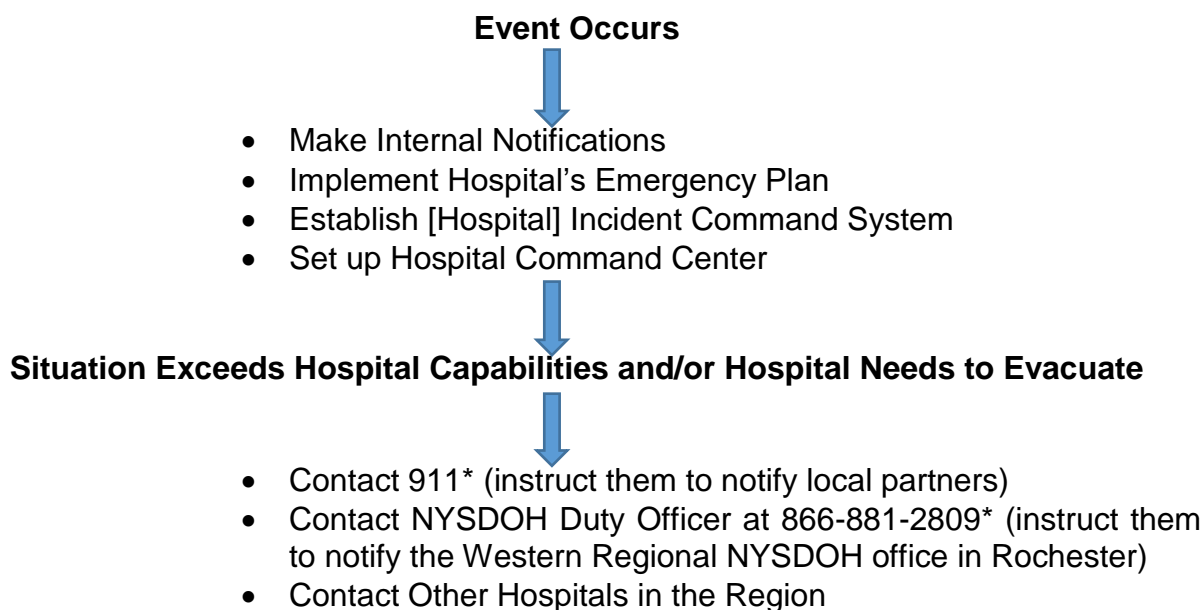
- The Disaster Struck Facility will:
 - Call 911 who will notify the appropriate county emergency management offices.
 - Contact the NYSDOH Duty Officer at 866-881-2809.
 - Contact the regional hospitals (this may be done by the NYSDOH regional office).
- The hospital Incident Commander or their designee will submit requisitions to local hospitals specifying the needs for beds, staff, and supplies.

Although initial inquiries or requests can be made verbally, all requests must be submitted in writing. The New York State Department of Health Western Regional Office can assist in notification of other hospitals.

- Local office(s) of emergency management of the county(ies) will together with the NYSDOH and evacuating hospital(s) provide assistance as to where patients will be sent and how patients will be transferred.
- If needed, emergency management will contact and activate back-up communications.

C. Initial Notification Process

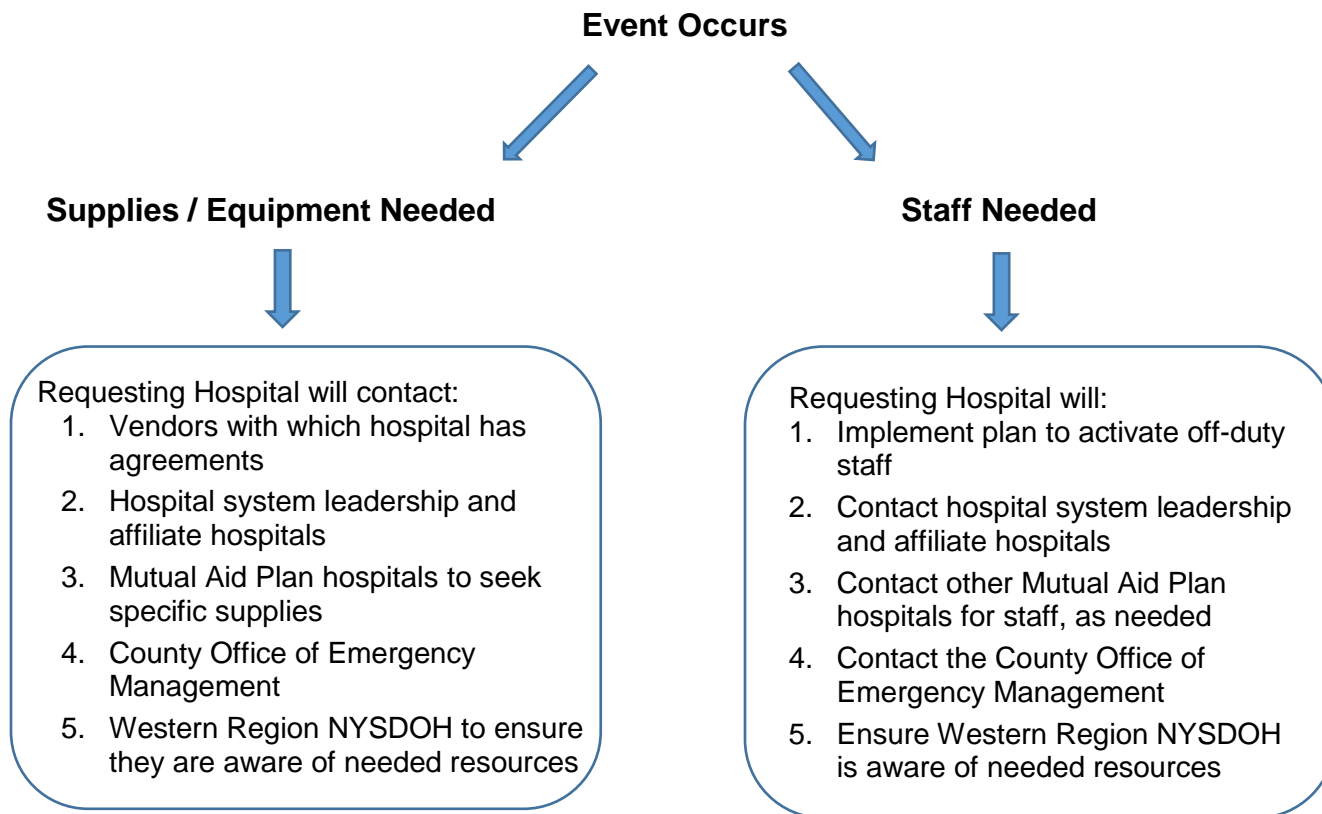
In accordance with hospital emergency plan



**Request all contacts to return a call to the HCC for verification*

D. Initial Resource Request

In accordance with hospital emergency plan



Note:

- Include an expiration time on the request.
- Fax or email requisition form to supplier to use as identification of supplier at police roadblocks. *Ultimately law enforcement will determine who can go through roadblocks.*
- Coordinate staff and supplies through local EOC, if activated.

Although initial inquiries or requests may be made verbally, all requests must be submitted in writing.

See Attachment 8: Checklist

See “F. Resource Request” for detailed information

E. Hospital Evacuation

1. Patient Placement

If a disaster forces a hospital(s) to partially or fully evacuate, other hospitals within this Plan will receive and care for the evacuated patients to the extent to which they have, or are able to, secure appropriate resources to provide safe care.

Each hospital agrees, to the extent to which it is able, that it will make every effort to accept patients from evacuating facilities needing the types of resourced beds that the receiving hospital has or can make available. Space for these patients may require that the receiving hospital activate its own surge plan. If time permits, the evacuating hospital should also reduce its census before evacuation.

2. Communication

Communication of Request

The request for the transfer of patients initially can be made verbally. Attachment 4* includes forms for requesting beds which may be useful for this purpose. The request must be followed up with a written communication prior to the actual transferring of any patients, if at all possible. The evacuating hospital will identify to the receiving hospital the following information:

- The number of patients needed to be transferred
- The general nature of their illness or condition
- Any type of specialized services required, e.g. ICU ed, burn bed, trauma care, etc.

***NOTE:** Attachment 4 is to be used when there is no regional activation and HAvBED has not been activated.

Family Notification

The evacuating hospital is responsible for notifying both the patient's family or guardian and the patient's attending or personal physician of the situation.

3. Patient Transportation

The evacuating hospital is responsible for coordination with the local OEM and EMS Coordinator, and for the financing of transportation of patients to the receiving hospital(s). The point of entry will be designated by the receiving hospital's Incident Commander or designee. Once admitted, that patient becomes the receiving hospital's patient and under the care of the receiving hospital's admitting physician until discharged, transferred, or reassigned. If requested by the receiving hospital, the evacuating hospital is responsible for transferring of extraordinary drugs and/or other special patient needs (e.g., equipment, blood products) along with the patient.

4. Medical Records, Medications, and Patient Tracking

The evacuating hospital is responsible for providing the receiving hospital with the patient's medical records and other patient information necessary for the care of the transferred patient. The evacuating hospital is responsible for tracking the destination of all patients transferred out. This will be done using the NYS eFINDS system.

As patients leave the evacuating hospital, available documentation and the appropriate copies of the patient's evacuation tag, and medications, if appropriate/available, will go with them.

Receiving facilities will continue tracking of incoming patients and any medical records. They will keep the originating facility advised. NYS eFINDS will be used to log in patients when they initially arrive.

Patient Evacuation Tags

Patient Evacuation Tags have been provided to hospitals and should be used, completed as fully as possible for each patient, when evacuating the hospital. One form should be completed and "attached" to each patient as they leave the unit to go to the transport site(s). This form should be completed as much as possible so that if the patient's medical record becomes separated from the patient during the evacuation process, the transporters and the receiving hospital will have at least minimal information to continue treatment of the patients.

This multi-part form allows the first copy to remain with the sending hospital and go to their Command Center, the second copy can be kept by the transporter for their records, the third copy is for the receiving hospital's incident command center, and the fourth copy will remain with the patient. This "tag" is intended to track patients, their medical records, and equipment, as the patients leave the originating hospital and arrive at the receiving hospital.

Individual hospitals may decide on an internal tracking sheet's format if they want an aggregated listing of the patients they send or receive. HICS form 260: Patient Evacuation Tracking Form can be used for this purpose. The sheets can be clipped together and organized as needed.

This information should remain with the patient and their medical records. IF a new medical record number is assigned to the patient, this should be noted on the "tag" to help with clarifications for tracking the patient or for reimbursement purposes.

Considering the nature of the disaster, HIPPA regulations will be followed, as required.

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Supervision

The receiving hospital will designate the patient's admitting service, the admitting physician for each patient, and, if requested, will provide at least temporary courtesy privileges to the patient's original attending physician.

5. Evacuation to Long Term Care

During an evacuation, if a hospital has a LTC unit/facility, the administrators of the hospital's LTC unit/facility will be notified of the emergency and to remain on alert. Hospitals will initially look towards discharging patients able to be cared for in an LTC setting to their own LTC unit or facility. Existing regional LTC Mutual Aid Plans call for hospital based or owned LTC facilities to activate the Long Term Care Mutual Aid Plan they have signed to enable the movement of LTC patients into LTC facilities in the community.

F. Resource Request

Initial staff and supplies will be provided by the receiving hospitals. The initial patient placement is based on the number of staffed beds that can be opened.

Once the capacity has been used up:

- Surge areas in receiving hospitals would be opened. In this case, staff and equipment would come from the evacuating hospital if possible, and/or other participating hospitals.
- Long-term care facilities affiliated with a hospital could activate their own evacuation plan thereby providing additional space for acute care hospital patients to go. Also, hospitals not involved in the disaster could offer supplies and off-duty staff.
- In the event that the disaster struck hospital needs additional equipment and/or supplies the hospital should activate its 96-hour Plan in addition to the Mutual Aid Plan hospitals.

Additional Needs

A hospital that received another's evacuated patients may need more staff and equipment than what is sent from the evacuating hospital. This Mutual Aid Plan provides forms for a hospital to use to request staff, beds, and/or equipment and supplies. This section of the Mutual Aid Plan can be used by any facility needing assistance whether that facility was the one experiencing the disaster or the one assisting the disaster struck facility. See Attachments 4, 5, and 6.

When requesting staff or equipment, fax or email your written request to the supplier using the request forms contained in Attachments 4, 5, and 6.

Any request to travel through roadblocks must go through the local Emergency Operations Center. Request forms as well as appropriate ID should be readily available to present at any roadblock.

1. Request for Staffing

Communication of request

The request for the transfer of personnel initially can be made verbally. The request, however, must be followed up with written documentation. A staff request form is contained in Attachment 4 of this Mutual Aid Plan. Written requests and confirmation of what can be sent to the receiving hospitals should be provided ideally prior to the arrival of personnel at the hospital seeking assistance. The hospital needing additional staff will identify to the donor hospital the following:

- The type and number of requested personnel
- An estimate of how quickly the request is needed
- The location where they are to report
- An estimate of how long the personnel will be needed

Documentation

The arriving donated personnel will be required to present their hospital identification badge at the site designated by the recipient hospital's Command Center. The hospital that has requested staff will be responsible for the following:

- Meeting the arriving donated personnel (this is usually performed by the security department or a designated employee of the hospital that requested the assistance)
- Confirming the donated personnel's ID badge with the list of personnel provided by the donor hospital
- Providing additional identification, such as "visiting personnel" badge, per facility policy, to the arriving donated personnel

The hospital that requested staff will accept the professional credentialing determination of the donor hospital but only for those services for which the personnel are credentialed at the donor hospital. Disaster privileging and supervision will be managed according to the receiving hospital's policies.

Supervision

The authorized administrator or designee of the hospital seeking assistance will identify where and to whom the donated personnel are to report, and the professional staff at this hospital who will supervise the donated personnel. The authorized administrator or designee will meet the donated personnel at the point of entry of the facility and brief the donated personnel of the situation and their assignments. If appropriate, the "emergency staffing" rules of the hospital seeking assistance, and the individual's time availability will govern assigned shifts. The donated personnel's shift, however, should not be longer than the customary length practiced at the donor hospital.

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Staff Tracking

Staff members relocating to another facility will be tracked according to current facility protocol.

Staff Payment

Unless otherwise noted, staff members relocated to a receiving facility will remain under the obligatory requirements of their employer, and that employer will continue to pay staff per current employer/employee agreement.

2. Request for Pharmaceuticals, Supplies, and Equipment

Communication of request

The request for the transfer of pharmaceuticals, supplies, or equipment initially can be made verbally. The request, however must be followed up with written documentation. See Attachment 5. The request should ideally occur prior to the arrival of the other facilities pharmaceuticals, supplies, and/or equipment. The hospital requesting assistance will identify to the donor hospital the following:

- The quantity and exact type of requested items
- An estimate of how quickly the request is needed
- Time period for which the supplies will be needed
- Location to which the supplies should be delivered

The donor hospital will identify how long it will take them to fulfill the request. Since response time is a central component during a disaster response, decision and implementation should occur quickly.

Documentation

The hospital that requests assistance will honor the donor hospitals standard order requisition form as documentation of the request and receipt of the materials. The hospital requesting assistance will confirm the receipt of the material resources. The documentation will detail the following:

- The items involved
- The condition of the equipment prior to the loan (if applicable)
- The responsible parties for the borrowed material

The donor hospital is responsible for tracking the borrowed inventory through their standard requisition forms. Upon the return of the equipment, etc., the original invoice will be co-signed by the authorized administrator or designee of the hospital that received the assistance, recording the condition of the borrowed equipment.

Transporting of pharmaceuticals, supplies, or equipment

The hospital requesting assistance is responsible for coordinating the transportation of materials both to and from the donor hospital. This coordination may involve government and/or private organizations, and the donor hospital may

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also offer transport. Upon request, the hospital obtaining the assistance must return and pay the transportation fees for replacing or returning all borrowed materials.

Supervision

The hospital obtaining assistance is responsible for appropriate use and maintenance of all borrowed pharmaceuticals, supplies, and equipment.

IV. Recovery

A. Demobilization Procedures: Supplies and Equipment

The hospital obtaining assistance is responsible for the rehabilitation and prompt return of the borrowed equipment to the donor hospital. To facilitate this, all hospital equipment should be properly marked with identification.

B. Demobilization Procedures: Staffing

The hospital seeking and receiving staff to care for its own patients will provide and coordinate any necessary demobilization procedures and post-event stress debriefing. This hospital is responsible for providing the donated personnel transportation necessary for their return to the donor hospital.

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Attachment 1: County Contact List

The earlier you call 911 (who will contact the appropriate county offices) and the NYSDOH Duty Officer of a possible evacuation, the more time available to assemble the necessary ambulances and other vehicles to assist you in your evacuation.

When you call 911:

- Identify yourself and your hospital.
- Indicate that you have a disaster situation which could result in the partial or full evacuation of your hospital.
- Request help from the County Office of Emergency Management. Be specific about the help you need, and ask them to have the OEM call you back at a designated number.

County	OEM	Local Health Department	Backup
Chemung	911	607-737-2068 607-742-8230 (cell)	607-735-8600
Livingston	911	585-243-7270 585-528-4306 (after hours) 585-243-7287 (FAX)	585-243-7100 (Sheriff's Dept.)
Monroe	911	585-753-2989	585-753-5905 (medical examiner's office 24/7)
Ontario	911	585-396-4343	585-394-4560 (Sheriff's Dept. dispatch/after hours)
Schuyler	911	607-535-8140	607-535-8222
Seneca	911	315-539-1920	
Steuben	911	607-664-2438 607-664-2166 (FAX)	1-800-836-4444 (after hours)
Wayne	911	315-946-5749	315-946-9711 (Sheriff's Dept. after hours)
Yates	911	315-536-5160 315-536-5145 (FAX)	315-536-4438 (Sheriff's Dept. after hours)

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Attachment 2: Hospital Contact Information

NORTHERN AREA

HOSPITAL	PRIMARY CONTACT	ADDITIONAL CONTACT INFORMATION
Highland Hospital	585-473-2200	sue_knapp@urmc.rochester.edu joe_coon@urmc.rochester.edu Fax: 585-341-6650
Rochester General Hospital	585-922-4000	
Strong Memorial Hospital	585-275-2222	
Unity Hospital	585-723-7000	

EASTERN AREA

HOSPITAL	PRIMARY CONTACT	ADDITIONAL CONTACT INFORMATION
Clifton Springs Hospital & Clinic	315-462-9561	
Geneva General Hospital	315-787-4000	
Newark-Wayne Community Hospital	315-332-2022	
Noyes Health	585-335-6001	iallen@noyeshealth.org twest@noyeshealth.org Fax: 585-335-2369
Soldiers and Sailors Memorial Hospital	315-531-2000	
Thompson Health	585-396-6000	michelle.vignari@thompsonhealth.org jim.dietz@thompsonhealth.org ron.obrien@thompsonhealth.org

SOUTHERN AREA

HOSPITAL	PRIMARY CONTACT	ADDITIONAL CONTACT INFORMATION
Arnot Ogden Medical Center	607-737-4100	
Corning Hospital	607-937-7200	
Ira Davenport Memorial Hospital	607-776-8500	NurSuplDMH@arnohealth.org Theresa Reed tread@arnohealth.org Fax: 607-776-8784
St. James Hospital	607-324-8000	mmcinerney@sjmh.org tvalentine@sjmh.org Fax: 607-324-8239
St. Joseph's Hospital	607-733-6541	
Schuyler Hospital	607-535-7121	

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VETERANS AFFAIRS MEDICAL CENTERS

HOSPITAL	PRIMARY CONTACT	ADDITIONAL CONTACT INFORMATION
VAMC – Canandaigua		
VAMC – Bath	607-664-4705	James Webster james.webster@va.gov 607-684-3089 (work cell) 570-423-4473 (personal cell)

Attachment 3: Additional Resources to Support Mutual Aid

1. Long Term Care Mutual Aid Plans Maintained by Genesee Health Facilities Association

Navigate to website and establish membership to gain access to updated Long Term Care Mutual Aid Plans: <https://ghfa.memberclicks.net/>

2. Voluntary Organizations Active in Disaster (VOAD)

Deb Palumbos

STATE: Treasurer, NYVOAD

REGIONAL: Leadership Team, RRVOAD

Phone Number: 585-746-5847

Email Address: dpalumbos@seagatealliance.com

Attachment 4: Bed Request / Availability Form

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Bed Request / Availability Form (to be used ONLY if HAvBED has not been activated)	
Hospital Name:	
Address:	
When Resources Are Needed (date/time):	
Estimate how long resources will be needed:	
Delivery Address / Specify Location on Campus*:	
Point of Contact (name of person to receive resource):	
Point of Contact Phone Number:	Email:

**Requesting Hospital please attach a letter for vehicles to obtain access to campus along with a campus map, if possible.*

Types of Beds	Number Requested		Number Available	
	Quantity	Type	Quantity	Type
ADULT				
General Med / Surg				
Critical Care				
Adult OR				
Cardiovascular ICU				
Medical ICU				
Surgical ICU				
Trauma ICU				
Bone Marrow Transplant Services				
Cardiology: Heart Failure Services				
Cardiovascular Services				
ENT Services				
Heart Transplant Services				
Kidney Transplant Services				
Liver Transplant Services				
Neurology Services				
Neurosurgery Services				
Orthopedic Services				
Physical Medicine (rehab) Unit				
Plastic Surgery Services				
Psychiatry				
Thoracic Services				
Urology Services				

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Types of Beds	Number Requested		Number Available	
	Quantity	Type	Quantity	Type
OB / GYN				
Labor / Delivery Services				
Nursery				
Post Labor / Delivery Services				
PEDIATRIC				
Pediatric Med / Surg				
Pediatric Critical Care				
Pediatric ICU				
Pediatric OR				
Nursery				
Neonatal ICU				
Child Psychiatric Services				
ONCOLOGY				
General Adult Oncology Services				
Pediatric Oncology Services				
Surgical Oncology Services				
OTHER BEDS / SERVICES				
Bariatric				
Burn Unit				
Dialysis: Inpatient				
Dialysis: Outpatient				
Emergency Department Beds				
Hyperbaric Chamber				
Intermediate Care Ward				
Negative Pressure Isolation				
Substance Abuse: Detox				
Substance Abuse: Rehab				
Telemetry				
OTHER:				

Additional Information:		
Requestor's Name (if different from above):		
Requestor's Phone Number:		Email:
Date of Request:	Time of Request:	Expiration:

Attachment 5: Equipment and Supply Request / Availability Form

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Equipment and Supplies Request / Availability Form	
Hospital Name:	
Address:	
When Resources Are Needed (date/time):	
Estimate how long resources will be needed:	
Delivery Address / Specify Location on Campus*:	
Point of Contact (name of person to receive resource):	
Point of Contact Phone Number:	Email:

**Requesting Hospital please attach a letter for vehicles to obtain access to campus along with a campus map, if possible.*

Equipment / Supplies	Number Requested		Number Available	
	Quantity and if applicable, manufacturer and/or size		Quantity and if applicable, manufacturer and/or size	
Backboards				
Bariatric Beds				
Cots				
CT Scanners				
Decon Suits				
Evacuation Chairs				
External Pacemakers				
Full Face Respirators				
Gloves				
Half Face Respirators				
Isolettes				
IV Infusion Pumps – Manufacturer				
MRI				
N95 Respirators				
PAPRs – Biological				
PAPRs – Chemical				
Pediatric ET Tubes				
Peritoneal Dialysis Kits				
Pharmaceuticals				
Portable Cardiac Monitors – Adult				
Portable Cardiac Monitors – Child				
Portable Diagnostic Imaging				

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[illegible]

Additional Information:		
Requestor's Name (if different from above):		
Requestor's Phone Number:		Email:
Date of Request:	Time of Request:	Expiration:

Attachment 6: Staff Request / Availability Form

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Staff Request / Availability Form	
Hospital Name:	
Address:	
When Resources Are Needed (date/time):	
Estimate how long resources will be needed:	
Delivery Address / Specify Location on Campus*:	
Point of Contact (name of person to receive resource):	
Point of Contact Phone Number:	Email:

**Requesting Hospital please attach a letter for vehicles to obtain access to campus along with a campus map, if possible.*

Staff	Number Requested	Number Available
Physicians (non-surgeons)		
Anesthesiologists		
Anesthesiologists - Pediatrics		
Burn Specialist		
Cardiologist		
Emergency Pediatric Physicians		
Emergency Physicians – Adult		
Infectious Disease		
Intensivists – Adult		
Intensivists - Pediatrics		
Internists		
Neonatologists		
OB/GYN		
Pediatrics		
Psychiatrists		
Pulmonologists		
Radiologists		
Urologist		
Surgeons		
Cardio / Thoracic Surgeon		
ENT Surgeon		
General Surgeon		
Neuro		
Orthopedic		
Pediatric Surgeon		
Plastic Surgeon		
Trauma Surgeon		

Finger Lakes Healthcare Emergency Preparedness Coalition (FLHEPC)
Hospital Mutual Aid Plan

Staff	Number Requested	Number Available
Physician Assistants		
Nurse Practitioners		
Nursing		
Burn RN's		
Critical Care Adult RN's		
Critical Care Pediatric RN's		
Dialysis RN's		
Emergency Department RN's		
Labor / Delivery		
LPN's		
Med/Surg Adult RN's		
Med/Surg Pediatric RN's		
Neonatal RN's		
Operating Room RN's		
Other Providers		
CNA's		
Diagnostic Imaging Techs		
Dietary		
Health Information Manager		
Housekeeping / Environmental Services		
Infectious Control Practitioner		
Laboratory Techs		
Maintenance / Engineering		
Pharmacists		
Phlebotomists		
Rehab		
Respiratory Techs		
Security		
Social Workers		

Additional Information:		
Requestor's Name (if different from above):		
Requestor's Phone Number:	Email:	
Date of Request:	Time of Request:	Expiration:

Attachment 7: Patient Evacuation Information

Hospitals evacuating patients should consider having the following sent with the patient, if possible:

- ☐ Current progress note
- ☐ eFINDS wristband
- ☐ Evacuation tag, if available and used by the sending hospital
- ☐ Face Sheet/Summary Page
- ☐ History & Physical (H & P)
- ☐ List of Medications

Attachment 8: Checklist for Requesting Resources through MAP

[Requesting Hospital] Liaison Officer:

- ☐ Inform 911 that MAP will be activated.
- ☐ Inform OEM that MAP will be activated.
- ☐ Ensure Western Region NYSDOH is aware of needed resources.
- ☐ Contact hospitals:
 - Obtain emails and develop an email list of all hospital contacts – this can be used to send updates to the entire group – include WR NYSDOH in this list.
 - Obtain faxes, if you intend to fax documents.
- ☐ Fax or email request form to hospitals.
- ☐ Obtain information back from hospitals regarding resources available.
- ☐ Confer with Operations regarding resources needed and Logistics regarding follow up with MAP hospitals.

[Requesting Hospital] Logistics Section:

- ☐ Accept resources – *this can initially be done verbally, but will need to be followed up formally with a request form.*
- ☐ Ensure all requests include an expiration time. If request is not obtained by the listed time, local OEM should be contacted.
- ☐ At regular intervals (as determined by the HCC), and/or when resources have been received, contact all hospitals to provide an update regarding resources that are still needed and/or no longer needed – *use the email list created by the Liaison Officer.*
- ☐ Fax or email requisition form(s) to hospital(s) agreeing to supply resources.