

REGIONS 5 MEDICAL INSTITUTION EVACUATION PLAN (MIEP)

FULL COASTAL STRIKE - AEROMEDICAL MARSHALLING POINT (AMP):
SOUTHWEST/SOUTHCENTRAL STRIKE – POINT TO POINT



INTRODUCTION

Background: This Medical Institution Evacuation Plan (MIEP) for hospitalized patients was originally developed after Hurricanes Katrina and Rita – 2005 season storms wherein 37 hospitals were evacuated post-storm for Hurricane Katrina and 21 hospitals were evacuated pre-storm for Hurricane Rita. The need for MIEP was verified in 2008, during Hurricanes Gustav and Ike, when patients were evacuated, pre-storm, through Lakefront and Chennault Aero-medical Points (AMP).

Preference: From a provider perspective, Louisiana continues to support the fact that patients should not be moved on a “maybe” event (prior to a storm) as it is not in the best interest of the patient to move critical care and vulnerable patients unless absolutely necessary. Since the 2005 and 2008 hurricanes, facilities have hardened structures so that unnecessary movement of patients is minimized.

As hurricanes vary in strength and intensity, Medical Institution Evacuation Plans need to be scalable and flexible. This plan will address a small scale event and a full coast evacuation.

Risks: Because of the lack of precise predictability of a storm’s land-fall 48-72 hours pre-event, movement of patients in this timeframe poses an increased risk. Movement of any critical care patient from a hospital to any other venue increases morbidity and mortality risks. Information has been provided from many hospitals which indicate that they have adequately prepared to shelter patients in place (SIP). Local, state and federal support will be focused on assisting hospitals to care for their patients in hardened facilities. Support will also be provided to assist hospitals with moving those patients that can be safely evacuated.

The plans for hospital evacuations have been developed with “worse case” scenario conditions. The risk will still have to be weighed of staying in place with critically ill and electrically dependent patients. However, loss of wetlands, multiple waterways, high surge and wind potential and overburdened hospital staff add to the indirect factors that may influence hospital evacuations regardless of structural ability to shelter-in-place.

MISSION – Full Coastal Strike

Hospitals’ primary response during a hurricane threat is to shelter-in-place. However, in the event it is found necessary to evacuate patients at-risk and/or institutions, this plan addresses the considerations for activating the MIEP- Full Coastal Strike, the assets required to activate and operate this plan, as well as the timeline, reporting, command, control and communications activities. **This plan only addresses patient evacuation using the National Disaster Medical System (NDMS) - wherein state and federal assistance is required. This plan does not address hospital evacuations that use privately contracted assets. The MIEP is a back-up plan for use when a facility’s plans to SIP must be changed or self -evacuation fails.**

ASSUMPTIONS

- This plan may be activated only during times of state declared emergencies.

- This plan addresses hospital evacuations in Louisiana Region 5 parishes that are particularly vulnerable to hurricanes, specifically: Calcasieu and Cameron. Louisiana Region 4 medical institutions may also use this plan in the event that an AMP is not opened in Region 4 and hospital evacuation is needed.
- The Full Coastal Strike portion of this plan does assume the evacuation of medical institutions in all 12 coastal parishes simultaneously. The scope and severity of a storm, as well as other direct or indirect threats will determine the patient/institution evacuation (which types of patients will be evacuated and which airheads will be activated).
- Due to limited resources of state and local authorities, federal assets will be required to assist with the evacuation and subsequent medical support of this specific plan.
- Hospitals are responsible for developing their own evacuation plans. The MIEP is only to be used when the scope of the event and scarcity of resources threaten a facility's ability to protect the safety of their patients due to a catastrophic storm.

CRITERION FACTORS TO ACTIVATE THE PLAN

The following criteria will be considered at the State/Federal level when making the decision to trigger the Medical Institution Evacuation Plan.

- Strength of the Storm – The storm can have many characteristics including strength (wind Category) and size of the storm and surge and slow vs fast-moving characteristics. These characteristics shall be considered when making a decision to initiate the MIEP.
- Direction of the storm – The sensitivity of the instrumentation to predict the direction of the storm is not 100% accurate. The storm's cone of error is broad at 70-60 hours before landfall. The cone of error becomes narrower as the storm approaches landfall. The trade-off to be considered: greater predictability closer to landfall with less time to for movement of assets. Moving assets for a mass evacuation with greater time factor increases the likelihood of moving assets on a "maybe" event.
- Indirect or Direct threats to the facility (and/or patient) – Additional threats – direct or indirect – shall also be considered to include the location of the facilities, the vulnerability of hospital structures, the vulnerability of infrastructures, the flooding potential as a result of weakened pump structures and/or other threats yet unknown.
- Local Factors – Local parishes may have declared voluntary or mandatory evacuations. Such decisions have an impact on this plan. Additionally, Parishes have the authority to declare mandatory evacuations of their Hospital Service District facilities. Region 5 does include Hospital Service District facilities.
- Hospital Data – Regional data indicating the need to evacuate patients that is entered into the At Risk Patient Registry during the H-72 to H-54 timeframe is an additional criterion to be considered in triggering the activation of a specific airhead to execute the MIEP.

Concept of Operations Assumptions:

This Plan assumes that:

- A hospital or hospitals have requested evacuation assistance.
- Access to the AMP is only by emergency transport vehicles from the hospitals to the airport.
- an airport is available and operational supports exists.

This plan must be coordinated with local officials.

Local Activation Process:

The following section describes the activity at the Chennault International Airport AMP after the activation process at the Unified Medical Command (State and Federal ESF 8 supporting this plan) located at the State Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) Emergency Operations Center and the activation of the Region 5 Regional Coordination Center (RCC).

OPERATIONS, LOGISTICS and COMMUNICATIONS

Operations and Logistics

- State ESF 8 is responsible for notifying the Parish OEPs, Airport Management and Regional AMP Command (RAC) personnel that the MIEP will be activated and which AMP(s) will be opened.
- The Regional AMP Command (RAC) is a unified command consisting of Region 5 ESF 8 personnel, the Louisiana Air National Guard (LAANG), the US Department of Defense (DOD) and the Airport Management. The RAC ensures that operations are conducted safely, timely and efficiently.
- The Hospital ADRC is the IC and Operations Chief (OC) for the Region 5 ESF 8 at the AMP. Region 5 ESF 8 is responsible for coordination between the evacuating facilities, the DASF, LA ANG and Airport Management. Region 5 ESF 8 is responsible for logistics of movement of patients from the sending facilities to the AMP and patients supply items not provided by the Disaster Air Staging Facility (DASF).
- LA ANG IC is responsible to coordinate with Region 5 ESF 8 IC and the DASF Commander on logistics pertaining to deployment of air assets and supplementary AMP medical assets . LA ANG IC coordinates with Airport Management on logistics of ground assets to support deployment of air assets.
- The DASF Commander is the IC for US DOD. DASF IC coordinates with Region 5 ESF 8 IC and LA ANG IC on the movement of patients into and out of the DASF.
- Airport Management IC is responsible for opening and closing the AMP. The Airport Management IC will notify the Region 5 ESF 8 IC, the LA ANG IC, and the DASF IC that the MIEP space (hangar maintenance building or hangar) is ready to be occupied (no later than H-72). The present Timeline for the AMP to close is H-12. All evacuating patients, whose condition deteriorate at the AMP or are determined by the DASF to not be candidates for air evacuation, will be transported to an appropriate Staying In Place (SIP) facility. Region 5 ESF 8 IC at AMP will coordinate the transfer.
- Evacuating patients that expire at the airport will be transported to the Calcasieu Parish Coroner's facility. If the decedent is from a facility other than a Calcasieu Parish facility, that Parish Coroner's office will be notified by Region 5 ESF 8 personnel located at the Regional Coordinating Center (RCC).
- In the unlikely event that all evacuating patients cannot be airlifted out prior to the AMP closing, Region 5 ESF 8 IC at the AMP will coordinate placement of the patients at SIP facilities.

Patients Logistics

- The EMS DRC is the Logistics Chief (LC) for Region 5 ESF 8 at the AMP. The LC coordinates the dispatching of ambulances for patient evacuee pick-up, routes of

transportation and orderly transfer of patient evacuees from ambulance to DASF. The LC coordinates transport of patients from the AMP to SIP facilities and decedents from the AMP to Calcasieu Parish Coroner's facility.

- THE LC verifies and/or sets up supplies and equipment supplied by Region 5 ESF 8.

Communications

- RAC personnel will have 700 MHz radios for communications within the AMP.
- Internet, Cellphones and 700 MHz radios will be used for communications between the AMP and the evacuating facilities, RCC and State ESF 8 in Baton Rouge.
- Internet and/or facsimile will be used by the RAC to receive manifests and enter data into the At Risk Patient Registry (ARR).
- The ESF 8 Portal will be the access point for MSTAT, At Risk Registry (ARR) and messaging broadcast.

Volunteers, contractors and State ESF 8 Staff

- Volunteers, contractors and ESF 8 Staff will sign in at the Region 5 ESF 8 Command Mobile Command Center provided by Calcasieu Parish OHSEP.
- They will be assigned duties and report to either the Region 5 ESF 8 IC or LC.
- Volunteers and contractors will be issued vest, Green for Volunteers, Blue for contractors and 700 MHz radios if required.
- Region 5 ESF 8 staff will wear Yellow vests.

MISSION – Southwest/South-central Strike

Hospitals' primary response during a hurricane threat is to shelter-in-place. However, in the event it is found necessary to evacuate patients at-risk and/or institutions, this plan addresses the considerations for activating the MIEP- Southwest/South-central strike, the assets required to activate and operate this plan, as well as the timeline, reporting, command, control and communications activities. **This plan only addresses patient evacuation within the State. State and federal contract for ground and air ambulances may be activated to assist with transportation surge. This plan does not address hospital evacuations that use privately contracted assets. The MIEP is a back-up plan for use when a facility's plans to SIP must be changed or self-evacuation fails.**

ASSUMPTIONS

Southwest/ South-central -only Scenario is based on the strategy of absorbing patients within the region and/or absorb patients within the state (no out of state evacuation using MIEP)

- **Bed availability has been assessed and it has been determined that evacuated patients can remain in the State.**
- **Hospitals adhere to the current MIEP timelines and triggers – specifically that H-60 is when “no kidding” numbers will be collected.**
- **Patient information will need to be uploaded and maintained in the At-Risk Registry.**

- Evacuation can be facilitated using surge ambulances

CRITERION FACTORS TO ACTIVATE THE PLAN

- Direction of Storm- The storm does not pose a threat to the entire Louisiana Coast. Forecast indicate the Southeast portion of the State is not in the cone of error at 72 hours.
- State ESF-8 concurs MIEP for Region 5 can be absorbed within the State
- Hospital Data – Regional data indicating the need to evacuate patients that is entered into the At Risk Patient Registry during the H-72 to H-54 timeframe indicates the number of patients needing evacuation can be matched with available beds.

OPERATIONS, LOGISTICS and COMMUNICATIONS

Operations and Logistics

- Region 5 Medical EOC will locate at the ESF-8 desk in the Calcasieu OSHEP EOC to facilitate patient movement
- Hospital ADRC/DRC will review the AT RISK REGISTRY (AAR) to determine number of patients that will need assistance evacuating.
- Hospital ADRC/DRC will confirm by phone/radio the status of patients in the AAR has been updated and patients are ready to begin the transfer process.
- Hospital ADRC will contact Receiving Regions DRC/ADRC to match patients to receiving facility based on data in the “Statewide Bed Poll”. Receiving DRC will contact receiving facility to confirm number of patients they can receive. Receiving DRC will obtain receiving facility’s transfer facilitator’s name and phone number. Receiving DRC will provide contact information to evacuating DRC and confirm number of patients the facility has agreed to receive.
- Receiving DRC will instruct transfer facilitator to prepare for phone contact by evacuating and should have receiving physician on “Stand-bye”.
- Evacuating DRC/ADRC will contact evacuating hospital with receiving facilitators contact information and assure that a transferring physician will participate in the transfer process.
- Once a patient has been accepted at a receiving facility. The evacuating hospital will update the AT RISK REGISTRY to indicate patient readiness for transfer AND contact Evacuating ADRC/DRC that patient is ready for transfer so transportation can be requested.
- EMS DRC will dispatch ambulance to evacuating facility.
- Once patient has been picked up by ambulance. Evacuating hospital updates the at risk registry that the patient is in transit.

Definitions and Operational Timeline

For planning purposes H-Hour has been chosen as the determining factor for MIEP activities. H- Hour will be determined by Governor’s Office of Homeland Security and Emergency Preparedness, (GOHSEP). H-Hour may be adjusted upward or downward by GOHSEP.

<u>H Hour</u>	<u>Regional and AMP ESF 8</u>	<u>State ESF 8</u>	<u>Federal ESF 8</u>
	Region 5 Hospital ADRC: <ul style="list-style-type: none"> • Alert hospitals regarding potential need to activate emergency response plan: shelter in place and/or evacuation (partial or full). 		

<p>H-96 to H-73</p>	<ul style="list-style-type: none"> Request hospitals to complete update to EMSTAT by H-Hour 76. Notify hospitals that they may input data into the At Risk Registry (ARR) Request hospitals to review evacuation plans and should private plans fail, request Federal assistance as soon as possible. Alert Airport Manager of possible AMP activation. Requests that hospitals begin monitoring emails and other notification channels including 700 MHz radios. Prepare to report to AMP by H-74. Reports to AMP, receives briefing from Airport Management IC and assumes position of ESF 8 IC no later than H-74. <p>Region 5 EMS DRC</p> <ul style="list-style-type: none"> Verify number of State/Federal ambulances needed by Region 5 Parishes. Establish Communications with Bureau of EMS (BEMS) Prepare to report to AMP to report to AMP by H-74 <p>Hospitals</p> <ul style="list-style-type: none"> Notify hospital incident command of potential threat. Update MSTAT by H-Hour 76. Evaluate threat matrix for hospital. Verify evacuation and/or shelter in place resources. Continue ESF 8 Portal use for local EMS services. Access Medical Evacuation and Shelter- in-Place plans found at http://www.lhaonline.org, if needed. Set timelines for cancelling elective surgery and clinics, reporting of Activation Teams and lockdown of facilities. 	<ul style="list-style-type: none"> Notify DRCs and other ESF(s) partners regarding possible need to initiate Medical Institution Evacuation Plan. Request identification of regional ICS contact information for all airheads to be returned within 4 hours (~H-Hour 92.) Request that hospital network begin monitoring emails and other notification channels. Request activation of MSTAT and 3 day call roster, Communicate H-Hour timeline Communicate conference call schedule Schedule radio roll call with DRCs Create an incident in MSTAT Summarize and monitor MSTAT results <p>Report to State EOC by H-Hour 76</p>	<ul style="list-style-type: none"> Preparing to support AMP and execute prescribed mission assignments with DOD, FEMA and other partners NDMS, Joint Patient Movement Team (JPMT)/Air Evacuation Liaison Team (AELT), Contingency Readiness Group (CRG), Disaster Air Staging Facilities (DASF) activated for MIEP. JPMT at Medical Unified Command Cell (LDHH and HHS) by H-Hour 76 Prepare to receive NDMS transferred patients at Federal Coordinating Centers.
<p>H-72</p>	<p>Region 5 DRCs and Public Health Emergency Regional Coordinator</p> <ul style="list-style-type: none"> Participate in H-72 call 	<ul style="list-style-type: none"> Conduct H-72 conference call to make decision regarding activation of MIEP Identify activation timeframe for MIEP Verify H hour 	<ul style="list-style-type: none"> Participate in H-72 call.
	<p>FULL COASTAL STRIKE: Airport Operations</p> <ul style="list-style-type: none"> Notifies ESF 8 AMP Incident Commander that hangar of 		<p>HHS Region IX</p> <ul style="list-style-type: none"> Will validate that DOD has received mission assignment for MIEP

<p>H-71 To H-61</p>	<p>opportunity and tarmac are ready for AMP set-up.</p> <p>Regional AMP Command (RAC)</p> <ul style="list-style-type: none"> • Joint Command Center established. <p>Region 5 Hospital ADRC Amp:</p> <ul style="list-style-type: none"> • Updates hospitals regarding plans on status of MIEP activation • Requests hospitals to confirm proposed response: Evacuate (Partial or full) or Shelter-in-Place (SIP) as soon as possible but no later than H-60 via MSTAT. • Request hospitals to complete ARRARR evacuation requests as soon as possible but no later than H-60. • Monitor ARR evacuation requests and approves. • Brief incoming DASF/DMOD on medical evacuation status. <p>Region 5 EMS DRC Reports to AMP, receives briefing from ESF 8 IC and assumes position of Logistics Chief no later than H-64.</p> <ul style="list-style-type: none"> • Coordinate with BEMS on delivery and staging of State/Federal ambulances to Region 5. • Coordinate with Louisiana Department of Agriculture on placement of ambulance re-fueling station at AMP. • Establish ambulance check-in point and travel lanes into and out of AMP. <p>LA ANG:</p> <ul style="list-style-type: none"> • Reports to AMP, receives briefing from ESF 8 IC and assumes position of Air Transport and Medical Supplementary Unit Incident Commander. • Coordinate with Airport Management IC, DASF IC and ESF 8 IC on arrival, staging and departure of DOD aircraft. • Assigns CERF-P unit to assist DASF IC. <p>DASF</p> <ul style="list-style-type: none"> • Reports to AMP no later than H-64, receives briefing from ESF 8 IC and assumes the position DASF IC • Coordinate with LA ANG IC and ESF 8 IC on arrival, staging and departure of patients. • Sets up DASF to be ready to accept patients by H-58. 	<ul style="list-style-type: none"> • Forward Federal evacuation requests to Global Patient Resource Management Center (GPRMC). • Monitor progress of patient movement. • Monitor progress of storm. <p>LA ANG reports to AMP no later than H-64 and appoints LA ANG IC.</p> <ul style="list-style-type: none"> • CERF –P activated if required. 	<ul style="list-style-type: none"> • Deploy Federal Ambulances to BEMS command. • Deploy DASF/DMOD assets to support NDMS patient evacuation at AMP, no later than H-64. <p>TPRMC will:</p> <ul style="list-style-type: none"> • Determine availability of NDMS hospital resources. • Forward patient manifests to State ESF 8, DASF Communication Cell and Hospital DRC.
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	<p>Hospitals</p> <ul style="list-style-type: none"> • Notify the DRC re: proposed response: Evacuate (Partial or full) or Shelter- in- Place (SIP) as soon as possible but no later than • H-60 via MSTAT. • If hospitals request patient evacuation assistance, complete ARR evacuation requests as soon as possible but no later than H-60. • Begin Patient evacuation preparation process. • In potentially affected areas upload census data to the At Risk Patient Registry and begin tracking patient status. 		
H-60	<p>Region 5 ESF 8 IC</p> <ul style="list-style-type: none"> • Requests hospitals to finalize proposed response: Evacuate (Partial or full) or Shelter- in-Place (SIP) as soon as possible but no later than H-60 via MSTAT. • Confirm requests for patient evacuation in ARR. <p>Hospitals</p> <ul style="list-style-type: none"> • Confirm Plans to SIP or evacuate (partial or full) and need for augmentation or shelter in place assistance via MSTAT. • Finalize patient, staff and visitor input in ARR. 		
H-60 to H-51	<p>FULL COASTAL STRIKE Regional AMP Command (RAC)</p> <ul style="list-style-type: none"> • Assure AMP ready to receive patients by H-56 • Request resources, if needed, through RCC ESF 8 personnel. • Monitor progress of storm. <p>ESF 8 IC</p> <ul style="list-style-type: none"> • Monitor patient evacuation requests via ARR. • Receive and review manifest from TPMRC • Review patient manifest request with DASF command. • Notifies hospitals of patient evacuation status as manifest information becomes available. • Patient movement to AMP begins at time necessary to get patients to AMP 2 hours before manifest departure time. 	<ul style="list-style-type: none"> • Monitor GPRMC patient manifests as they become available, forward to State ESF 8 personnel at GOHSEP and/or Hospital DRC. • Monitor progress of patient movement through ARR. • Monitor progress of storm. 	<p>GPRMC will forward patient manifests to State ESF 8 and AMP RAC as they become available.</p>

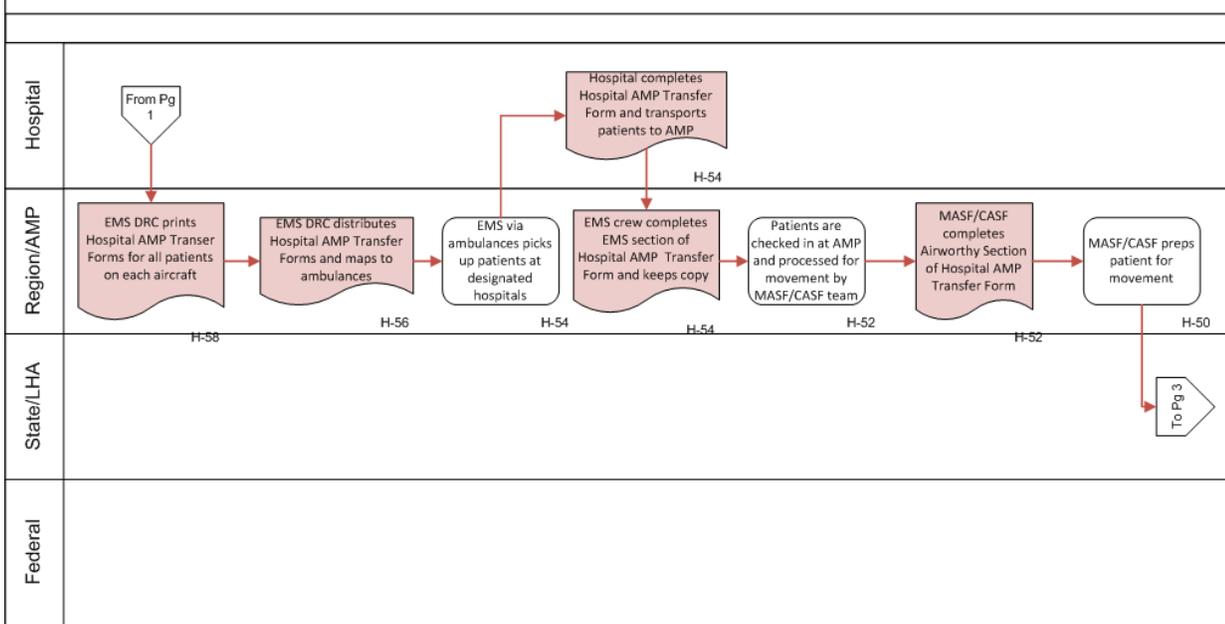
	<ul style="list-style-type: none"> • ESF 8 IC works with EMS DRC and Hospital Evacuation Officer to “pull” patients on manifests from hospitals via staged ambulances. • Work with EMS DRC to “pull” patients on manifests from hospitals. • Provide update to State ESF 8 and EOCs on AMP status. Reports are scheduled for H-54, H-48, H-42, H-36, H-30, H-24, H-18, H-12 <p>Region 5 EMS DRC</p> <ul style="list-style-type: none"> • Work with ESF 8 IC to “pull” patients on manifests from hospitals via staged ambulances. • EMS DRC works with Hospital Loading Officer to move patients to AMP. • Communicate AMP status to BEMS. <p>Hospitals</p> <ul style="list-style-type: none"> • Requesting Federal evacuation assistance should update ARR as patient statuses change. • Continue patient evacuation preparation process. Patients should be ready to begin transfer process no later than H-58. • Have Loading Officer coordinate with Hospital Evacuation Officer and EMS DRC to move patients to AMP • MSTAT updates continue. 		
H-54	<ul style="list-style-type: none"> • Hospitals submit “no kidding”/final request for Federal evacuation assistance. 	<ul style="list-style-type: none"> • Forward final Federal evacuation requests to Global Patient Resource Management Center (GPRMC). 	
H-51 to H-24	<p>Regional Air Medical Command</p> <ul style="list-style-type: none"> • RAC provides updates to Airport Operations IC on MIEP status. • Receive manifests and verify ETA for aircraft • Monitor progress of storm <p>ESF 8 IC</p> <ul style="list-style-type: none"> • Monitor patient evacuation requests via ARR. • Receive and review manifest from GPRMC • Review patient manifest request with DASF command. • Notifies hospitals of patient evacuation status as manifest information becomes available. 	<ul style="list-style-type: none"> • 	GPRMC will forward patient manifests to State ESF 8 and Hospital DRC as they become available.

	<ul style="list-style-type: none"> Work with EMS DRC to “pull” patients on manifests from hospitals. <p>Region 5 EMS DRC</p> <ul style="list-style-type: none"> Dispatches transportation assets to collect patients and deliver them to the AMP. Reassigns available ambulance units for additional transport missions. Communicate AMP status to BEMS. <p>Hospitals</p> <ul style="list-style-type: none"> Continue patient evacuation preparation process. Have Loading Officer coordinate with Hospital and EMS DRC to move patients to AMP MSTAT updates continue. <p>SOUTHWEST/SOUTHCENTRAL STRIKE</p> <p>See “Operation, Logistics and Communication” section of plan</p> <p>Generic ARR login-in with DRC privileges issued to Receiving Region Hospitals so they may update patient status once patient arrives.</p>		
H-24	<p>Regional Air Medical Command (RAMC)</p> <ul style="list-style-type: none"> ICs monitors continued evacuation operations, make determination as to timeframe to discontinue operations and communicate decision to State ESF 8. 		
H-24 to H-12	<p>Regional Air Medical Command (AMC)</p> <ul style="list-style-type: none"> IC monitors evacuation plans for completion within timeframe to discontinue operations. <p>ESF 8 IC</p> <ul style="list-style-type: none"> Works with EMS DRC determine final patient transports to AMP. Initiates plans for other patients to shelter in place. Communicates final plans for evacuation to hospitals. <p>Hospitals</p> <ul style="list-style-type: none"> Finalize patient transport process. Continue to manage SIP patients and staff. Continue to update MSTAT and ARR. 	<ul style="list-style-type: none"> Monitor progress of patient movement through ARR. Monitor progress of storm. Prepare report for GOHSEP on number of NDMS transports and number and location of SIP. 	<ul style="list-style-type: none"> DASF and DMOD start close down activities.
H-18		<ul style="list-style-type: none"> Conduct conference call with Federal, State and local 	

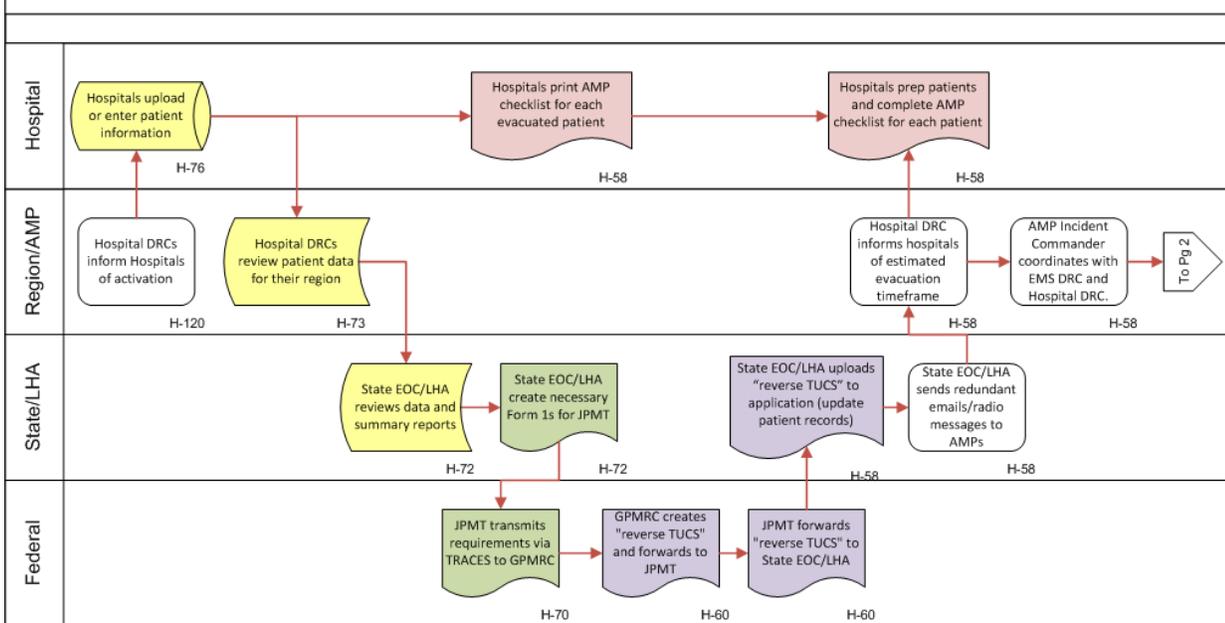
		partners to review status of evacuation process.	
H-12	Air evacuations discontinued.		
H-12 to H-6	<p>Regional Air Medical Command</p> <ul style="list-style-type: none"> • RAC initiates close down plans for MIEP operations. • RAC identifies final timeframe to evacuate AMP. • RAC verifies that all personnel have departed from the AMP. • RAC turns over AMP hangar and tarmac space to Airport Operations IC. • RAC reports closure of AMP to State ESF 8. <p>ESF 8 IC and EMS DRC</p> <ul style="list-style-type: none"> • Finalize close down procedures. • Pack and take AMP support trailer to area of safety. • Depart to ESF 8 desk at RCC. <p>Region 5 EMS DRC</p> <ul style="list-style-type: none"> • Dispatches State/Federal ambulances to areas of safety (i.e. Base Camps/staging area) to shelter from the storm. 	<ul style="list-style-type: none"> • LA ANG departs. 	<ul style="list-style-type: none"> • DASF and DMOD depart.
H-12 to H-6	<p>Regional Air Medical Command</p> <ul style="list-style-type: none"> • RAC initiates close down plans for MIEP operations. • RAC identifies final timeframe to evacuate AMP. • RAC verifies that all personnel have departed from the AMP. • RAC turns over AMP hangar and tarmac space to Airport Operations IC. • RAC reports closure of AMP to State ESF 8. <p>ESF 8 IC and EMS DRC</p> <ul style="list-style-type: none"> • Finalize close down procedures. • Pack and take AMP support vehicle to area of safety. • Depart to ESF 8 desk at RCC. <p>Region5 EMS DRC</p> <ul style="list-style-type: none"> • Dispatches State/Federal ambulances to areas of safety (i.e. Base Camps/staging area) to shelter from the storm. 	<ul style="list-style-type: none"> • LA ANG departs. 	<ul style="list-style-type: none"> • DASF and DMOD depart.
H-6		<ul style="list-style-type: none"> • Conduct conference call with Federal, State and local partners to review status of AMP closure. 	

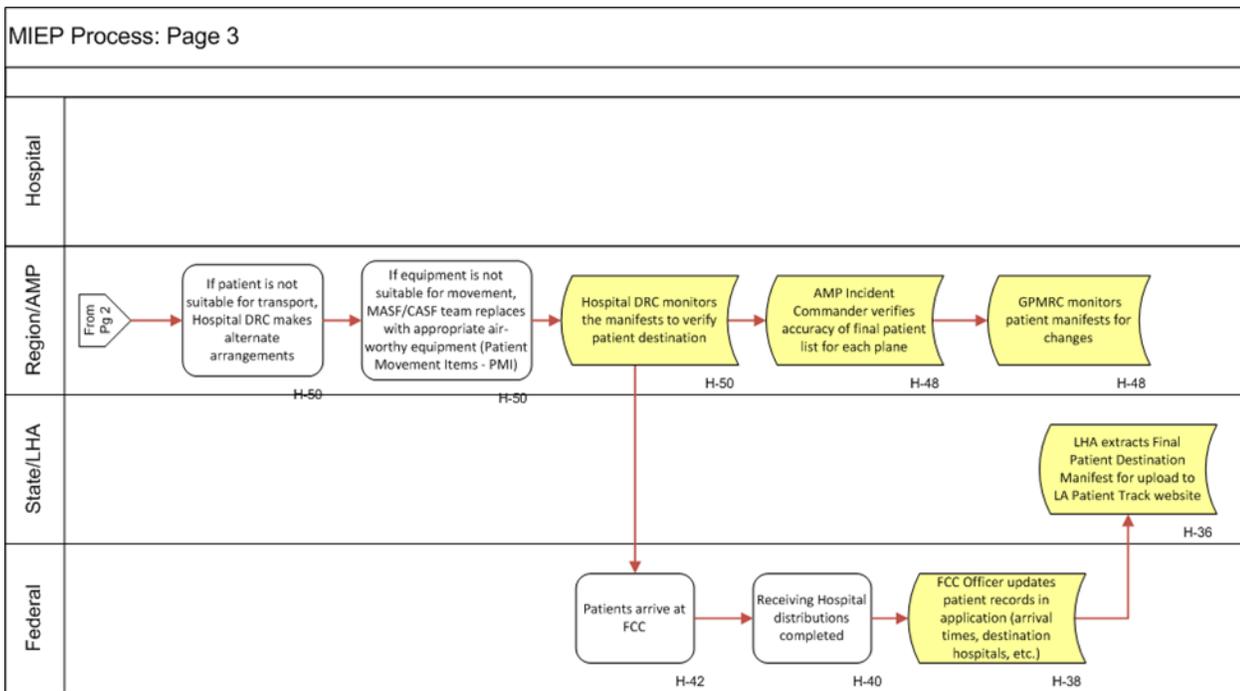
MIEP PROCESS OUTLINE

MIEP Process: Page 2



MIEP Process: Page 1





The Section below identifies members of the AMP Joint ICS. Contact information is noted in the appendix.

Region 5: Chennault International Airport

Joint Incident Command

Airport Management IC – Cortez Gallien

Airport Transportation IC – LA ANG

ESF 8 IC/Medical Operations Chief – Liz Harmon

DASF IC – Ranking DASF Officer

Logistics Chief – Mark Conner or Billy Vincent

Local OEP – Rob Daughdril

Regional Coordination Center (RCC) ESF 8 desk – Mike Parent, Janet Ryder

COMMUNICATIONS

1) Communication

- a. Long haul communication (State ESF 8, GOHSEP, GPMRC, etc.) during this operation will be internet (primary), cell phone (secondary), 700 MHz (tertiary)
- b. Internet connectivity will be provided at Chennault International Airport hangar by OHSEP or hot spot.

- c. Communication with local hospitals will be internet (primary), cell phone (secondary), 700 MHz (tertiary).
- d. Personnel will bring their own workstations(preferably laptops and printers)

Hospital evacuation communications (Hospitals with ADRC at AMP (Cell phone, 700 MHz radio and email)

- Hospital and EMS DRCs with DRC designee(s) at RCC (cell phone, 700 MHz radio and email)
- Hospital with DRC s at RCC (cell phone, 700 MHz radio, email and Fax)
- GPMRC with RAC (Telephone, email and FAX)
- EMS DRC to ambulances and buses (inter-operable radio, cell phone, and through agency dispatcher if within radio range of EMS home base.)
- State ESF 8 with RAC (Cell phone, 700 MHz radio and E-mail)

2) Phone Book

Hospital ADRC will be responsible for supplying phone listing with essential telephone numbers.

3) Web Based Systems

ESF 8 Portal

Information collection used predominantly within the Region.

Has seven (7) main uses pre-, during and post- landfall:

1. Gives status of facility.
2. Gives status of ED.
3. Gives number of Hospital Shelterees.
 - a. Place number in far right block “Additional Holds”.
 - b. In “Comments” list as hospital shelterees.
4. Gives number of available beds.
5. Gives services that are in operation under “LERN”
6. Provides information to EMS.
7. Provides Alerts and instant messaging to facilities, EMS, DRCs, Blood Bank and OEPs.

EMSTAT

Information used predominantly by the State.

Has six (6) main uses pre-, during and post- landfall:

1. Provides facility contact information.
2. Provides facility location by ground and air.
3. Provides method of meeting regulatory require of reporting certain data twice a day.
4. Gives Census and Available Bed information to be used in evacuation planning and receiving.
5. Gives vital resource needs information for re-supplying and/or re-starting assistance.
6. Gives vital information on generators, fuel and utilities.

At Risk Registry

Information used predominately by the Region, State and Federal government agencies.

Has two (2) main uses:

1. Patient evacuation.
2. Patient, staff and others tracking.

2) Notification

- i) When State ESF-8, in conjunction with GOHSEP, determines that Chennault International Airport may be needed as an AMP (Aeromedical Marshalling Point), State ESF-8 will contact the AMP Operations Personnel:
 1. ESF-8 will contact the AMP Operations Personnel:
 - a. LA ANG, Incident Commander
 2. Cortez Gallien ,Operations Director- Chennault International
 - a. Off: (337) 433-1015
 - b. Cell: (337) 513-2514
 - c. Email: cgallien@chennault.org
 3. Liz Harmon, Region 5 ADRC
 - a. Work/Cell: 337-570-4230
 - b. Home/Fax: 337- 478-5635
 - c. Email: lharmon@lgh.org
 4. Mike Parent, Office of Public Health
 - a. Work: 337-475-3229/3200
 - b. Cell: 337-614-5051
 - c. Email: mparent@la.gov
 5. Capt. Russell Hamon, LSP, Troop D
 - a. 337-491-2511
 - b. Capt. Harmon is a POC and will assign appropriate personnel when contacted
 6. Rob Daughdril, Cal OHSEP Liaison
 - a. Work: 337-721-3800
 - b. Cell: 337-540-4157
 - c. Email: rdaughdril@cppj.net
 7. Mark Conner, EMS DRC
 - a. Work: 337-528-5936
 - b. mconner@acadian.com
 - c. Cell: 337-912-2668
 - d. Mark Conner is a POC and will assign appropriate personnel when contacted

LOGISTICS

State ESF-8 will inform RAC personnel about the time to be in-place at Chennault. Nominally, this should be between the H-74 and H-64.

1) Logistics

- a) ESF-8 will contact LA Dept. of Agriculture and advise them to deliver the diesel fuel for the ambulances. They should be advised that Cortez Gallien, or Mr. Conner (or his designated representative) can accept the delivery.
- b) Region 5 Hospital ADRC will coordinate with Red Cross for 1 pallet of water and “snacks” to be placed at the Hangar for AMP personnel. Delivery should be made by H-60.
- c) State ESF-8 will coordinate with state logistics to have 3 port-a-potties delivered to the Hangar to support AMP personnel. Delivery should be made by H-60 and pick up by H-12.
- d) State ESF-8 will coordinate with Office of Public Health to have 100 “E” cylinders of oxygen delivered to the Hangar to support AMP personnel. Delivery should be made by H-60. Pick up should be by H-12. At H-12, Amp personnel will secure any remaining cylinders as best as possible.

- e) Region 5 Hospital ADRC with Calcasieu OHSEP will be responsible for arranging set up of Mobile command center.

SECURITY

State ESF-8 will coordinate with NOHSEP to have Security support provided to the AMP to support AMP personnel. Support shall start at H-64 and continue to H-6 or released by the IC.

1) Security

- a. Security will be provided to the AMP.
- b. Personnel will be assigned based on situation. Current expectation is six (6) security/shift personnel, two (2) at each of the 2 Gates and 2 inside the AMP to handle Security Details as assigned.
- c. Primary concern is traffic security. Security will determine appropriate location to stop traffic and turn away persons and vehicles not directly involved with ongoing operations on the airfield (ours and any others).
- d. Only patients admitted to and transported from a hospital will be allowed on these aircraft. The Region 5 ESF 8 IC will evaluate all instances of anyone trying to “drop off” someone to get on the airlift. Security personnel will be able to provide information and directions to the nearest parish collection point.

Public officials and media wanting to access the area will be directed to a designated Reception Area. The Region 5 ESF 8 IC is the authorized spokesperson for the AMP.

