2017-2018
FOX VALLEY AREA- WISCONSIN (FVAHCC/WHEPP Region 6)
REGIONAL HEALTHCARE MUTUAL AID PLAN FOR DISASTER AND EVACUATION

I. PURPOSE AND OBJECTIVES

In recognition of the fact that, for a variety of reasons, the occurrence of a natural or technological disaster or other mass casualty event (MCI) can easily overwhelm or damage the capability of the local healthcare resources to meet community need, this mutual aid plan is developed. Its purpose is to establish the necessary structure and process to enable the participating institutions to meet community needs in a collaborative and organized manner.

The objectives established, in the development of this plan, include:

A. Defining a response system that enables the participant institutions to meet community health care needs in a disaster situation which exceeds the individual institution's capacity.
B. Defining a response system for the participant institutions which is consistent with the community disaster response plans developed by civil authorities and the Wisconsin Hospital Emergency Preparedness Plan (WHEPP) developed under the ASPR program.
C. Defining a response system, should it become necessary as a result of either an internal or external disaster event, to evacuate any participant facility.

II. PLAN OVERVIEW

This plan provides the necessary structure to allow the regional hospital participants to call upon each other's resources in the event of a disaster situation. It describes the process for activating the plan, operational parameters during the event between facilities and field operations, termination of the event, and the process for evaluating performance under the plan.

III. INSTITUTIONAL RESPONSE PARTNER LISTING

ThedaCare Regional Medical Center Appleton, WI
Aurora Medical Center Oshkosh- Oshkosh WI
ThedaCare Medical Center Berlin WI
Ascension Calumet Medical Center- Chilton, WI
Ascension Mercy Medical Center - Oshkosh, WI
Ascension St. Elizabeth Hospital – Appleton, WI
ThedaCare Regional Medical Center – Neenah, WI
ThedaCare Medical Center Wild Rose, WI
Ripon Medical Center- Ripon, WI
Children's Hospital of Wisconsin/Fox Valley- Neenah, WI
ThedaCare Medical Center New London, WI
ThedaCare Medical Center Waupaca, WI
ThedaCare Medical Center Shawano, WI
Winnebago Mental Health Institute- Winnebago, WI

IV. SCOPE OF THE PLAN

This plan is used to coordinate the transportation and care of patients in the event of a qualified disaster or mass casualty incident (MCI). A qualified disaster for this mutual aid plan is a situation which overwhelms the resources (physical plant and staff) of a participant hospital and/or is a declared event by a recognized governmental authority. Such events may be due to either natural or technological causes and, generally, may be defined in terms of four categories:

- Major community disaster event or mass casualty incidents (MCIs) exceeding the capacity of the primary hospital(s) (Scenario #1).

- Major community disaster event or mass casualty incidents (MCIs) that involves the primary hospital either by limiting its capacity to receive patients or due to damage which requires complete or partial evacuation of the facility (Scenario #2).

- An internal emergency event that requires complete or partial evacuation of the hospital facility (Scenario #3).

- Infectious disease outbreak (Scenario #4) which may be local or widespread.

In effectuating this plan, the participant hospitals agree to comply with applicable federal and state laws, including the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA).

This plan does not address the normal or daily regional trauma system processes or requirements, which are addressed through the Regional Trauma Advisory Committees (RTACs) in the State of Wisconsin. It is meant to address those events which exceed the normal capacity/capabilities of the trauma response system. Taking into consideration of getting trauma patients to the highest level of trauma care available when possible.

V. PLAN ACTIVATION AND IMPLEMENTATION

SECTION 1: NOTIFICATION OF AN EVENT. In the event of a qualifying disaster situation (as defined above), notification of the participant facilities will occur as follows:

A. Scenario #1, Major Community Disaster or MCI. Once Emergency Medical Services or other responding partners (law enforcement, dispatch, etc) recognizes that the number of expected patients exceed normal response or mutual aid resources they should initiate notification of the local hospital, area medical coordination center (AMCC) or regional medical coordination center (RMCC), [see Appendix 1] depending on local practice and event magnitude

B. Scenario #2, Mixed Community/Internal Disaster or MCI. Notifications are a combination of processes described for both Scenario #1 and #3

C. Scenario #3, Internal Disaster. The affected hospital will notify EMS through the appropriate dispatch centers and notify surrounding hospitals via either direct phone contact, WITrac or RMCC/regional coordinator depending on nature of internal disaster and anticipated impact on care delivery

D. Scenario #4, Infectious Disease Outbreak. Hospitals will most likely be notified by public health although it is possible that notification could occur through another authority, EMS or other hospital depending on nature of outbreak. Surge planning should be thought out and communicated in advance.

SECTION 2: ACTIVATION OF THE PLAN

A. Upon notification by EMS, public health, or other recognized authority and using the best available information, the local hospital, AMCC or RMCC makes a determination as to whether or not the situation exceeds the capacity of currently activated hospitals and involved organizations.
    a. Factors to consider
        i. Expected number of patients (triage categories: immediate, delayed, minimal, expectant)
        ii. Expected types of patients (young children vs adolescents, patients with special needs, elderly)
        iii. Expected type of patient injuries/illnesses (short term and long term)
        iv. Expected duration of incident
        v. Weather/daylight/environmental conditions
        vi. Community infrastructure status
        vii. **Local** hospital infrastructure status (Emergency Mgmt., Fire/EMS, Police, PIO's, Health Dept., Utilities, or Public Schools)
        viii. Potential of cascading events

B. If the outcome of that determination is that the situation exceeds local resource'scapacity, the AMCC or RMCC should initiate formal activation of this plan.

The AMCC/RMCC shall communicate the decision to activate this plan by notifying the hospital Emergency Department or hospital incident command contact of each hospital which the AMCC/RMCC determines would be affected by the incident, this includes specialty centers outside the region which may receive patients form the incident. Notification to response partners can be through a variety of

communication methods but should involve WiTRAC at some point for widespread notification an incident.

C. If the outcome of that determination is inconclusive as to whether local resources will have sufficient capacity to respond to the situation, the AMCC/RMCC should consider an informational message to appropriate partners.
    a. If the situation evolves and local resources begin to become insufficient to manage the incident then activation of plan should be initiated.

D. Each participant hospital, upon receipt of notification of plan activation, shall be responsible for:
    1) Implementing its own Emergency Operations Plan (EOP);
    2) Notifying any associated support providers (such as Immediate Care Services) under its EOP of this implementation. Facilities should consider initiating processes to begin triaging all patients, both those involved in the incident and those seeking care for other reasons, and optimizing capacity to care for incoming patients. Potential strategies include: directing patients with minor illness and injury to alternative care sites, canceling/delaying elective procedures/surgeries, expedite admissions to inpatient units
    3) Notifying the AMCC/RMCC with an estimate of its capability to receive patients (i.e., estimated number of patients it can accommodate) through WiTRAC, or an alternate communications system if WiTRAC is not available. Capacity should be communicated as soon possible using best available information recognizing that information will be limited and capacity many change rapidly and frequently during an incident.

E. The AMCC/RMCC shall communicate the estimated capacity of each participant facility to scene incident command/unified command structure[1] (possible contacts include Incident Commander, Medical Branch Director, Transportation Section Leader; as determined by size/type of incident).

F. Hospital contact numbers see appendix A, attached to this plan.

SECTION 3: INCIDENT COMMAND SYSTEM- EMS/HOSPITAL COMMUNICATIONS

A. Scene incident command/unified command is responsible for all incident command operations in the field including communications with the healthcare system, dispatch and distribution of victims to the participant hospitals.
    a. Scene incident command/unified command should be in communication with AMCC/RMCC to determine the receiving capacity/capability of participant hospitals
    b. Scene incident command/unified command can request assistance from AMCC/RMCC to determine recommended destination for particular patients but ultimate responsibility for determining a patient's destination rests with scene incident command/unified command
    c. Initial responses for addition EMS resources to the scene should be guided by established mutual agreements
        i. It is recommended that EMS services develop MABAS-like mutual aid plans to allow for streamlined requests and to prevent depletion of resources from one municipality/area
        ii. Scene incident command/unified command can request assistance in coordinating and requesting additional EMS resources through the AMCC/RMCC, especially for air-medical resources

B. Each participant hospital is responsible for all incident command operations within its facilities in accordance with its Emergency Operations Plan and its transfer policies.

C. The AMCC/RMCC shall serve as the initial communications hub between the Scene incident command/unified command and the healthcare system as defined in this plan.

[1] During incidents that require activation of this plan there will be some type of scene incident command/unified command managing the overall incident. Individual healthcare entities will have their own internal incident command structure which will need to interact with the overall scene incident command/unified command via liaison officers, EOC's, multi-agency coordinator centers (AMCC/RMCC)

1. Most Scene incident command/unified command communications will be directed to the AMCC/RMCC. The AMCC/RMCC is responsible for relaying the communications to the other participant hospitals.
2. Participant hospital communications to Scene incident command/unified command will be directed to the AMCC/RMCC. That hospital is responsible for relaying the communications to Scene incident command/unified command.
3. The AMCC/RMCC will also serve as the communications link between the activated hospital facilities and any other response partners involved in the event.

D. In the event that a local Emergency Operations Center (EOC) is activated and the EOC Hospital Liaison role is activated within that EOC, the individual serving in this role will assume responsibility for coordinating communications and other activities between the hospitals and other response partners as defined for that position as extension of the AMCC/RMCC (see the Wisconsin EOC Hospital Liaison manual)
    a. Healthcare entities should be in communication with AMCC/RMCC and applicable governmental EOC to request resources from the community

SECTION 4: RESOURCE MOBILIZATION & INTER-HOSPITAL MANAGEMENT

SUBSECTION A: HUMAN RESOURCES- HOSPITAL STAFF

A. For purposes of staffing, each participating institution retains primary responsibility for this function in accordance with its individual Emergency Operations Plan (EOP).

B. In the event that patients need to be evacuated from one participant facility and admitted to other participant facilities, the receiving institution may request additional staffing from the sending facility to ensure that the evacuated patients are properly cared for. Each participant hospital is responsible for conducting such transfers in accord with its transfer policies.
    1. It must be recognized that, dependent upon the extent of the disaster and its effects on staff, the ability of the sending institution to honor such a request may be limited.
    2. In the event that such staff are available and provided, they shall be used primarily to provide for the care needs of the evacuated patients. They may also render care to patients of the receiving hospital in an emergency provided they can do so without jeopardizing the health or safety of the evacuated patients under their care. Such staff shall be provided with appropriate support resources due to their unfamiliarity with the receiving institution.
    3. The receiving facility should require a picture ID from the sending facility before allowing staff to participate in patient care.
    4. The facility providing such staff shall provide the receiving institution with a listing of employee names and credentials and certify in writing that these individuals meet any regulatory requirements (e.g., have the appropriate license to practice as a RN) for the credential as soon as practical.
    5. Such staff may be used only for the duration of the emergency situation, which will be deemed terminated when the participant hospital discontinues operation under its emergency preparedness/disaster plan and resumes normal operations.

C. For event exceeding above and/or to manage non-affiliated volunteers, refer to the WHEPP. Each participant facility may elect to establish further procedures to credential other volunteer healthcare providers in emergency situations that they deem appropriate to their circumstances.

SUBSECTION B: HUMAN RESOURCES- MEDICAL STAFF

A. For purposes of staffing, each participating institution retains primary responsibility for this function in accordance with its individual EOP.

B. In the event that patients need to be evacuated from one participant facility and admitted to other participant facilities, the following steps will be initiated to ensure that all patients are properly cared for.
    1. Credentialing
        a. Through agreement and signature of this plan, all participating hospitals will acknowledge reciprocity for credentialing of all active medical staff members in a disaster situation

b. Any participant facility being evacuated will immediately provide a current listing of all credentialed staff to the credentialing offices in each of the other participant facilities.
c. Such listing will include the member's name, specialty, Wisconsin license number, DEA number, and telephone number.

2. Admission of patients
   a. Patients admitted through transfer under this plan will retain their current attending physician unless the attending physician transfers responsibilities to another physician at the receiving facility.
   b. All patient billing will be done in compliance with Federal and State reimbursement guidelines for transferred patients.

3. Upon any transfer back to the original facility, following termination of the emergency situation, a copy of pertinent medical record information will accompany the respective patient(s). Such transfers will conform with the transferring hospital's transfer policies.

C. Requests for specialty assistance, in meeting the needs of disaster victims where secondary transfer to another participant facility is impractical due to the disaster situation, will be handled on an individual basis.

D. For event exceeding above and/or to manage non affiliated volunteers refer to the WHEPP. Each participant facility may elect to establish further procedures to credential other volunteer healthcare providers in emergency situations that they deem appropriate to their circumstances.

SUBSECTION C: INPATIENT AND OUTPATIENT SURGE CAPACITY

A. Each participant hospital, as part of their internal EOP, shall establish processes (surge capacity plan) to increase inpatient bed capacity in a disaster event.

B. Each participant hospital, as part of its EOP, may establish such processes to increase outpatient capacity (such as utilization of urgent or immediate care centers) as it deems appropriate.

SUBSECTION D: SUPPLIES AND OTHER MATERIAL RESOURCES

A. For purposes of supplies and other material resources, each participating institution retains primary responsibility for providing such assets in responding to an emergency event in accordance with its individual EOP.

B. In the event that patients need to be evacuated from one participant facility and admitted to other participant facilities, the receiving institution may request additional supplies and material resources from the sending facility to ensure that the evacuated patients are properly cared for.
   1. It must be recognized that, dependent upon the extent of the disaster and its effects, the ability of the sending institution to honor such a request may be limited.
   2. In the event that such supplies and material resources are available and provided, they shall be used primarily to provide for the care needs of the evacuated patients. They may also be used to care for patients of the receiving hospital in an emergency provided they can do so without jeopardizing the health or safety of the evacuated patients under their care.

C. In the event that a hospital is in need of supplies and other material resources for other reasons, the facility may request such support from any other hospital in accordance with the mutual aid MOUs (Memoranda of Understanding) throughout the State of Wisconsin as part of the WHEPP.
   1. It must be recognized that, dependent upon the extent of the disaster and its effects, the ability of the institution receiving such a request to honor it may be limited. No hospital is required to transfer such resources if doing so would jeopardize the care it can provide during the event.
   2. In the event that such supplies and material resources are available and provided, the sending hospital has the right to request compensation for the cost of replenishing such inventory from the receiving facility following the event at its purchase price.

D. Each participant hospital will maintain a listing of resources for emergency supplies which should include at least the following categories:
   1. Medical supplies;
   2. Food and water;
   3. Oxygen and other compressed medical gases;
   4. Bedding and linens;
   5. Pharmaceuticals;
   6. Blood and blood products; and
   7. Communications.

SECTION 5: PATIENT FIELD TRIAGE

Scene Incident Command/Unified Command is responsible for all aspects of field triage and treatment up to the point of receipt and triage at a participant hospital. As a result of the field triage process, each patient is classified into one of five treatment priority categories that serve as the basis for subsequent actions. These categories are:

A. **RED** Immediate Care

B. **YELLOW** Delayed Care

C. **GREEN** Minor Injury

D. **BLACK** Dead

E. GREY Expectant based on resources available at time of triage

At each point of care transition, the triage category and priority within that category should be assessed, as the patient's condition can change at anytime. In addition, the above triage schema only places patients in one of five categories, but as the patient moves through the system, further triage needs to occur within the large groupings.

SECTION 6: PATIENT DISTRIBUTION

Initial patient distribution from the site of the event is the responsibility of Scene Incident Command/Unified Command based upon estimated capability information received from the participant hospitals. The effectiveness of this distribution can be enhanced if the participant hospitals are able to provide the capability estimate in terms of the treatment priority categories identified above (e.g., Hospital X can accommodate 6 RED patients, 9 YELLOW patients, and 25 GREEN patients). Use WITRAC and consultation with AMCC/RMCC to determine capacity at all facilities.

SECTION 7: DISASTER TAGGING/TRANSFER OF MEDICAL INFORMATION

A. All scenarios above. Each victim routed to a participant hospital for treatment through the EMS system will be tagged with a disaster tag that contains the following minimum information:

   1. Field Tag Identification Number

   2. Treatment Priority Category (see above for description)

   In addition, the following additional information is requested as feasible in the circumstances of the event.

   3. Date and time

   4. Physical Assessment Data (Pictograph of injuries and vital signs information

   5. IV/IM Information and Time (If appropriate)

6. Patient Identification Information (Name and address if available)

7. Treatment Notes

B. Scenario 2 and 3. Whenever feasible, in addition to A. immediately above, the medical record or a legible copy thereof should accompany a victim, who was a patient at an affected hospital, to the receiving facility in order to enhance the continuity of care for that individual. All medical information will be transferred in accord with each participant hospital's transfer policies.

Each participant facility should begin discussion regarding transfer of/or access to electronic records for transferred patients in a disaster event.

C. Each participant hospital shall develop and maintain a method for recording and correlating the EMS Disaster Tag ID number with the patient number assigned to the victim on arrival at the hospital (e.g., account number or other similar number). This may be accomplished by whatever means each hospital determines is most appropriate and feasible method (e.g., log sheets, computer records, or similar).

NOTE: A patient tracking policy is currently under development by the WHEPP. When this policy is published, the tracking policies of participant hospitals for this plan will be consistent with this state-wide policy.

SECTION 8: TRANSPORTATION AND COMMUNICATIONS

A. Basic information, which may consist of no more than the number of victims by treatment priority category (see above) and an estimated time of arrival (ETA), will be communicated to each receiving participant hospital by appropriate on-scene personnel, such as Transportation Group Supervisor, as part of the scene incident command/unified command. Transport identification (e.g., ambulance provider and unit number) should be provided whenever feasible.

B. In order to facilitate better care for the patients, transporting EMS units should NOT contact the hospital to provide additional patient report unless there is significant change in patient condition or significant change in ETA.
   a. During a large scale event, hospital staff will likely overwhelmed with patient care and receiving multiple inbound patient reports will only add to work load

SECTION 9: HOSPITAL RECEIVING, TRIAGE, AND TREATMENT

A. These functions will be managed in accordance with the individual participant hospital's Emergency Operations Plan and its transfer policies.

B. In the event that a participant hospital needs to transfer a patient out its facility to a higher level of care, whether one already received as the result of the incident or an existing patient, coordination needs to occur within the context of the overall incident as resources will be limited.
   1. The RMCC should be contacted to help coordinate destination and transportation resources. Depending on the scale incident, expected duration, and expected number of Interfacility transfers, the RMCC may provide primary destination and transport coordination especially in situations where multiple transfers are expected.

SECTION 10: INCIDENT TERMINATION

A. Upon completion of field triage, treatment, and transportation activities at the site, Scene Incident Command/Unified Command will notify the AMCC/RMCC to that effect.

B. The AMCC/RMCC will notify all participant hospitals activated under this plan that the incident is terminated at the site through WiTRAC. If WiTRAC is not available, see Section XVIII below for available alternate communications systems.

C. Each participant hospital will notify any associated support providers (Immediate Care Services, etc.) it activated under this or its individual plan that the incident is terminated at the site. Each participant hospital will then terminate their response activities in accordance with the provisions of their EOP.

C. Upon incident termination, each incident command structure (scene/unified, respective healthcare entities) retain control over resources under their command and will determine how resources are transitioned from incident back to routine operations.

SECTION 11: INCIDENT EVALUATION

A. After termination of the incident, each participant hospital will conduct a debriefing session with appropriate staff in a timely manner. For purposes of this plan, such a debriefing session should identify:
   1. The course of events at the facility and any associated support providers it activated,
   2. Problems encountered during the incident related to this plan,
   3. Strengths of the plan or opportunities for improvement identified as a result of the incident, and
   4. Any other information that may be useful in subsequent evaluation steps.

B. Responsible individuals at the base hospital for the incident will organize a regional meeting for the purpose of conducting an overall evaluation of the incident under this plan.
   1. Such a meeting should include representatives of: each participant hospital, EMS and other appropriate public agencies (e.g., emergency government), area ambulance providers, and others who participated in the event.
   2. The purpose of this meeting is the production of a written evaluation of the response under this plan encompassing items 2 through 4 under A. above.

   Such a meeting and evaluation should be conducted in a timely manner so that maximum benefit is derived and information is not lost due to the passage of time.

VI. PLAN REVIEW AND IMPROVEMENT

This plan shall be routinely reviewed and modified, as appropriate, on a biannual (every 2 year) basis through mechanisms established by the Region 6 Fox Valley HCC Board representatives.

This plan is subject to modification or improvement as an outcome of the evaluation process under Section 11 above at any time or, if deemed appropriate, such modification or improvement may be deferred to the next biannual review process. In the event that the plan is reviewed under Section 11 above, the biannual process under this section may be deferred for one year.

In addition, a review of the plan will be initiated upon the request of the administration of any of the participant hospitals.

VII. ALTERNATE COMMUNICATIONS SYSTEMS

Under this plan, each participant hospital shall provide a listing of alternate communications systems, including but not limited to:

1. EMS radio frequencies,
2. Emergency Department telephone number(s),
3. WISCOM Radio's
4. Cellular or power failure telephone numbers for the above locations,
5. HAM/ARES/RACES policies/equipment

Such listings for each hospital shall be attached to this plan and provided to all participant hospitals.

VIII. SUPPORT GROUPS AND SUPPLIES

A. Emergency Management contacts

1. Calumet County	Telephone: 920-849-1473
2. Green Lake	Telephone: 294-4000 (Dispatch)
3. Outagamie County	Telephone: 920-832-5148
4. Winnebago County	Telephone: 920-236-7463

5. Shawano/Menomonie Telephone 715-526-6774
6. Waupaca County Telephone: 715-256-4507
7. Waushara County Telephone: 920-787-6611
8. Red Cross Contact through your count emergency management or Public Health Dept.

*Call 911 dispatch if you are having difficulty reaching someone

C. Amateur Radio Operators- contact them through Local Emergency Management
The use of amateur radio operators, as an alternate means of communications, will be arranged by and coordinated through the appropriate Emergency Government office. This approach is consistent with of other agencies utilizing the resource and with the overall incident command structure of the communities we serve.
Although their equipment may have a potential for interfering with medical equipment, the need for adequate communications supersedes in this type of situation.

Upon their arrival at a participating hospital, the following general protocol will be followed:
1. The radio operators will report to the charge person in the Emergency Department or Security where they will provide identification to that person.
2. Upon proper identification, they will be provided with a generic facility ID badge which identifies the person as an "Emergency Radio Communications" member.
3. The individual(s) will be escorted to the Emergency Operations Center of the facility for assignment. It is intended that:
   a. The first operator be stationed in the EOC, and
   b. Additional available operators may be stationed locations determined appropriate by the facility.

IX. PLAN APPROVAL

This plan and any subsequent revisions to it shall require the approval of each participant hospital through whatever administrative mechanisms it deems appropriate.

Upon approval, it shall be authenticated by the Chief Executive Officer and the appropriate Medical Staff representative, due in particular to the provision for reciprocity for credentialing of the active medical staffs, for the hospital on a cover sheet.

Copies of the plan and authentication sheets for each institution will be distributed to all participants under the plan.

Plan reviewed 4/2017

FVAHCC Hospital representative _____ Date_____

CEO/Administrative Representative _____ Date_____
Please refer to the Tiered system response located in the surge plan.

Appendix One

Area Medical Coordinating Center (AMCC) – A healthcare or healthcare-related entity (such as public safety answering or dispatch center, transfer/access center, etc.) in the geographic area of an incident, with the ability to support the healthcare coalition with coordination of information and patient movement.

- Designated through planned criteria or schedule.
- Depending on the area and situation, an AMCC may be the initial healthcare organization impacted by an incident and/or may also be the Regional Medical Coordinating
- For example, the closest trauma center to a mass casualty incident may serve as the AMCC.

Regional Medical Coordinating Center (RMCC): A designated healthcare or healthcare- related entity (public safety answering or dispatch center, transfer/access center, etc.) serving a Health Emergency Region, with the pre-determined ability to support the healthcare coalition with coordination of information and patient movement along with planning activities.

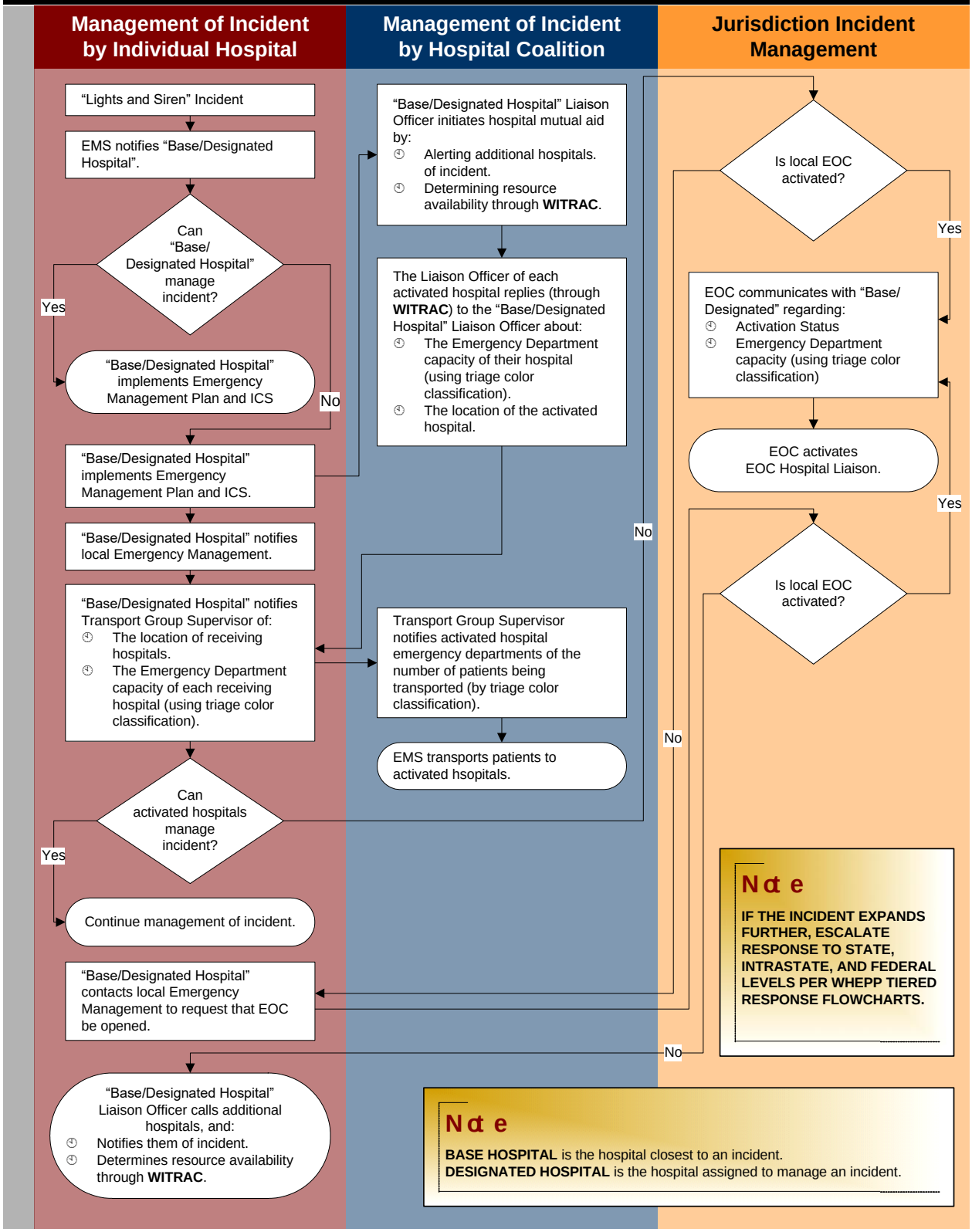
Clarifications between AMCC and RMCC:

- Both centers serve to coordinate information and patient movement, but on different scales and usually at different points in a response operation.
- Both are pre-determined centers.
- Multiple AMCCs will be present within a Health Emergency Region.
  - The number, location, and area covered by an AMCC will vary, depending on groupings of hospital and/or locations of potential hazards (airports, festival grounds, etc).
- Each Health Emergency Region will have a one RMCC.
- AMCC's role is to coordinate smaller surge events able to be handled primarily by a few hospitals located in same local geographic area
  - For example, a bus or multi-vehicle crash), as well as provide coordination of the initial triage and transport for larger scale surge events (such as a plane crash, building explosion, etc.).
- RMCCs role is coordination of larger scale surge events requiring the resources of the entire region (multiple areas); especially coordination of secondary triage and transfer to tertiary care centers.
- RMCC also has a lead role in the medical planning and response to large-scale hazards within a region.

Fox Valley – Wisconsin

Regional Hospital Mutual Aid Plan for Disaster and Evacuation

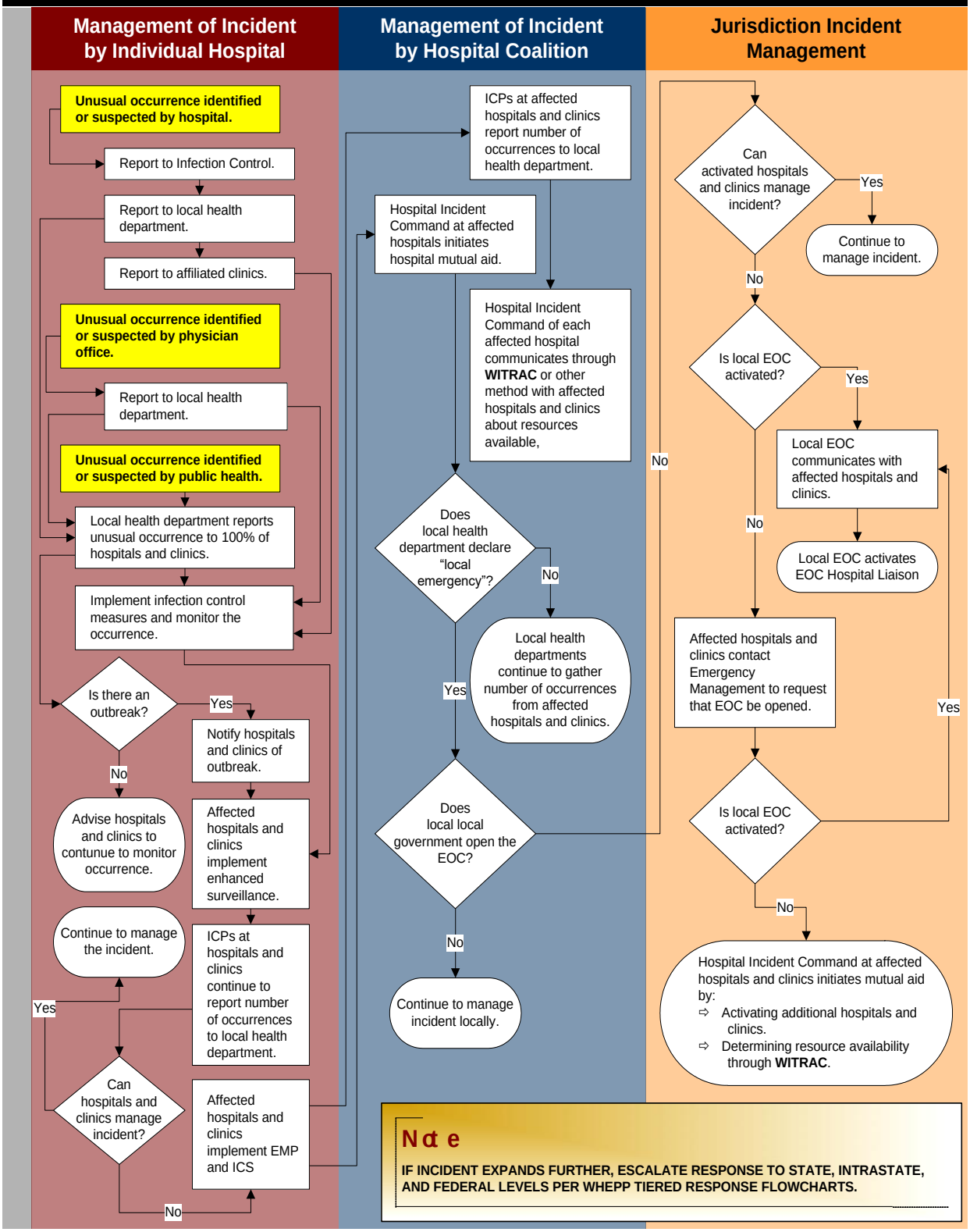
Process Flow Chart – "Lights and Siren" Incident



Fox Valley – Wisconsin

Regional Hospital Mutual Aid Plan for Disaster and Evacuation

Process Flow Chart – "Biological" Incident



Fox Valley – Wisconsin

Regional Hospital Mutual Aid Plan for Disaster and Evacuation

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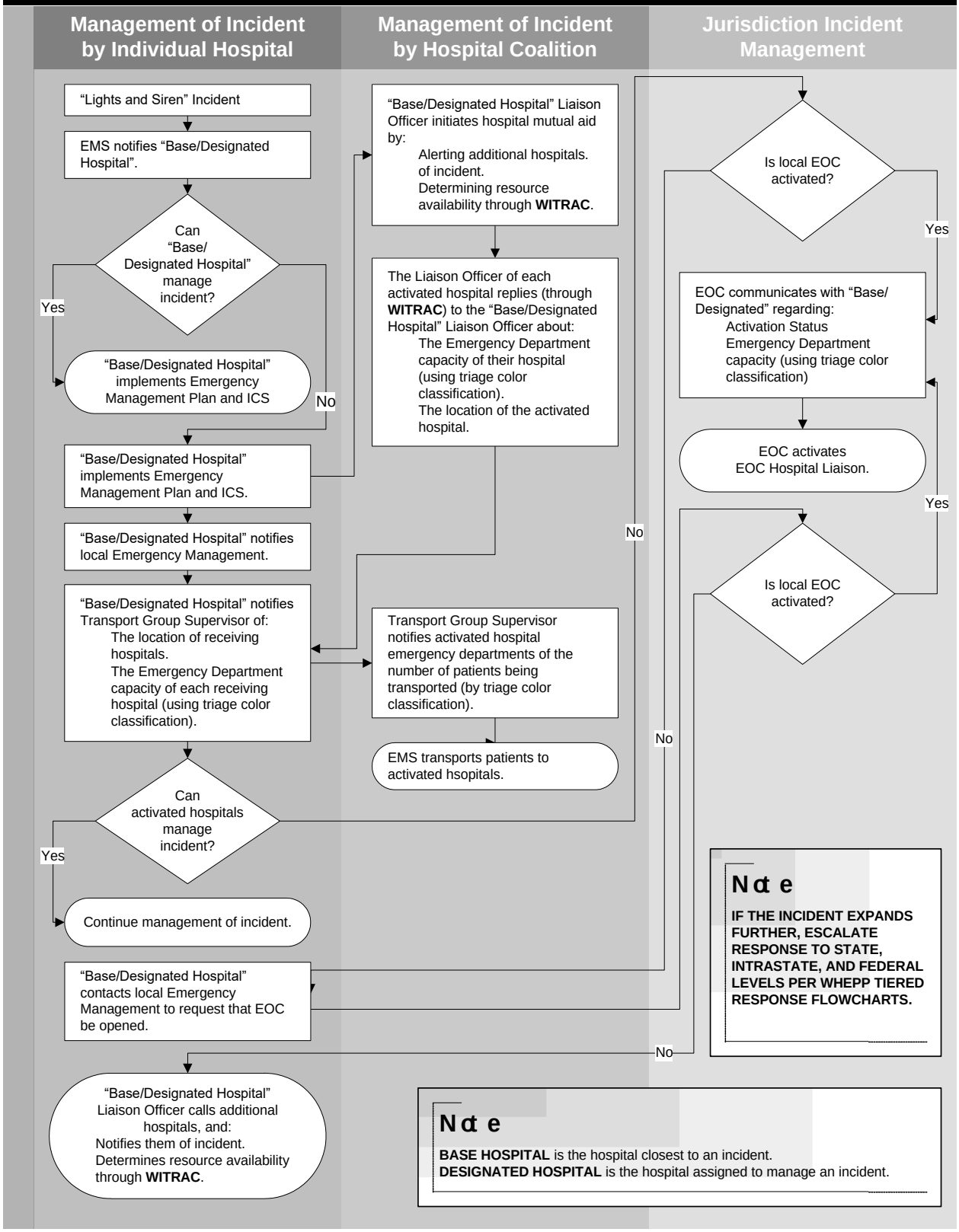

Fox Valley – Wisconsin

Regional Hospital Mutual Aid Plan for Disaster and Evacuation

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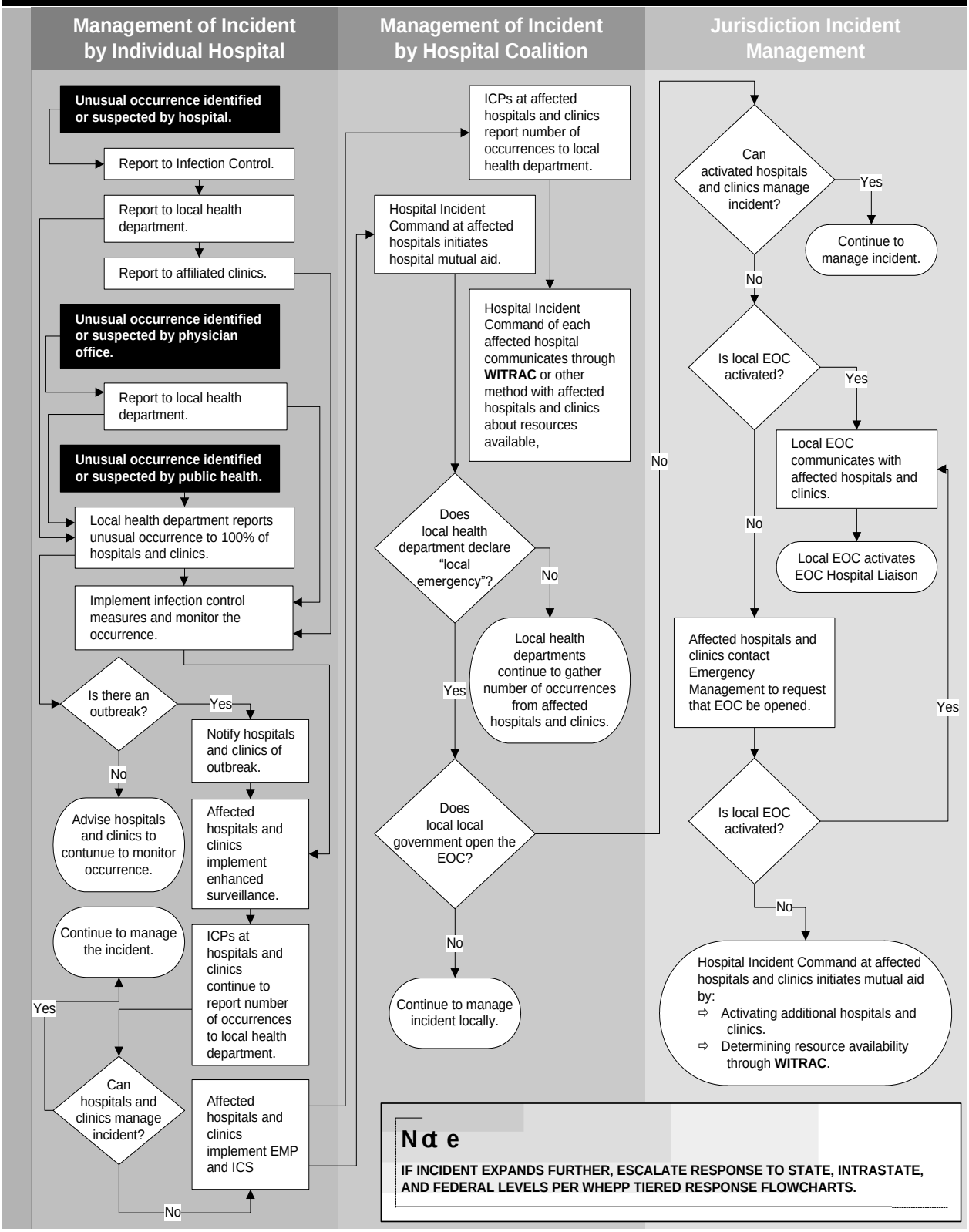

http://www.phe.gov/preparedness/planning/mscc/handbook/