

## APPENDIX H - EMERGENCY ADMIT

<Insert name of facility> may utilize current protocols and processes in response to emergency events with the goal of providing essential care while maximizing valuable resources and staff during a crisis.

If <Insert name of facility> is receiving patients/residents from a disaster stricken area or from a sister facility in an evacuation zone, the following steps may be taken to ensure our facility is ready:

- Communicate with the sending facility (if applicable), LA County Department of Public Health, Health Facilities Inspection Division (DPH HFID) and local responders, as appropriate.
- Assess available bed capacity. Utilize ReddiNet if polled or contact DPH HFID with status and availability.
- Prior to arrival of individuals, assess staffing and call in additional employees (See Appendix N – Staff Recall and Survey) to ensure a safe staffing ratio.
- If time permits, discharge low acuity residents to family members to make room for temporary residents.
- Clear parking lot for receiving.
- Set up a site for processing incoming residents. Consider possible space conversions. Includes:
  - Adequate power supply and outlets, and lighting
  - Necessary emergency and routine supplies are easily accessible and positions for ease of use. (See Appendix U – Vendor List) for contact information.
- Contact HFID to request waivers needed to increase census, if needed.
- Contact critical vendors if supplies are low or if you anticipate needing replenishment.
- Upon arrival of individuals, secure in-coming pharmaceuticals and medical equipment from the sending facility, as appropriate. Secure patient valuables.
- Perform admission assessment to identify nursing needs and resident’s health status.

### **EMERGENCY ADMIT DOCUMENTATION PACKETS**

Streamlined emergency admit documentation packets are prepared and maintained as part of our facility’s Emergency Preparedness Kit(s). In-house forms include:

- Emergency Consent for Treatment
- Short-Form Medical Record
- A form for recording patient valuables

- NHICS 254: Master Emergency Admit Tracking Form
- NHICS 255: Master Resident Evacuation Tracking Form (See Appendix M – NHICS Forms)

### **FORMS THAT MAY COME FROM THE SENDING FACILITY**

If individuals are coming from a sending facility, they may provide a combination of the following forms:

- Resident Evacuation Tracking Form (Appendix C) or the alternative NHICS 260, or a comparable form like a or Face Sheet (See Appendix E),
- Medical Treatment Records,
- Medication Record,
- Advance Directive, and/or
- Other patient identification documents (ex., next of kin, diet information, etc.)

### **EXPANSION OF FACILITY CARE**

To receive and care for additional residents from a nearby facility due to an emergency affecting such facility under emergency conditions.

Announce “**CODE TRIAGE**” to assemble staff, brief them on the situation, and delegate assignments. Triage is the process of sorting and classifying mass casualties at the scene of an emergency or where definitive care and treatment are administered.

**Establish a Command Center** for Facility Communication:

- Secure the facility.
- Place all residents in their rooms or alternate care area.
- Protect resident’s privacy as much as it is feasible to do so.
- Clear the hallways and entry.
- Prepare available areas for incoming casualties.
  - Spare mattresses, linens, equipment, temporary beds made up, and emergency equipment in the triage area to receive incoming residents.

The Nursing Supervisor shall **prepare a triage area** and **establish a communication center**.

- Set up triage area with disaster kit and medical supplies.
- If there are injured residents – notify 911 for transfer to acute care.
- Admit casualties using appropriate medical admission forms.
- Move casualties to emergency bed space.

- Keep records of vital signs, assess for transfer trauma, etc.
- Assist relocated residents to be as comfortable as possible.
- Transfer acute care cases to acute care facilities.
- Suggested area is 45 sq. ft. per person (5ft x 9ft space)
- Nursing personnel shall provide continuous observation and immediate aid if necessary.
- A special area may be designated as a temporary morgue (See Appendix I – Procedure for Handling Remains).