When You Just Gotta' Go! Health and Medical Evacuation Planning for Communities

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The National Emergency Management Summit

The Leading Forum on Medical Preparedness and Response to Disasters, Epidemics and Terrorism

Objectives

- Differentiate “health and medical” from “general population” evacuation
- Understand needs of both home-bound and institutionalized HMEs
- Discuss strategic and tactical evacuation considerations
- Identify resource capabilities
- Review process considerations

Why Evacuate?

- Unsafe to remain in the community
  - Leaving is safer than sheltering in place
- Inability to provide support
  - Caregiver
  - Logistics
  - Essentials for daily living
- Inability to respond to emergencies
- Inability to maintain an "environment of care"
- Not just a coastal storm issue

Who are Health and Medical Evacuees (HME)?

- Homebound individuals with
  - Health or medical needs *and*
  - Absence of necessary mobility, transportation, human, or other support *and*
  - Need for governmental assistance to evacuate
- Residents in congregate care or living facilities unable to evacuate in time
- Patients in health care facilities unable to evacuate in time

Why are HMEs Different?

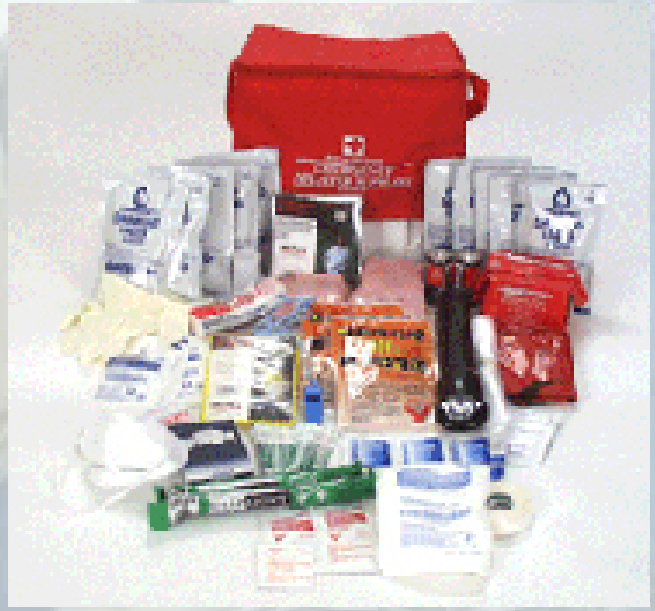
- Receipt of warning
  - Communications and media
  - Perception of threat and applicability
  - Institutionalized populations
- Disabilities hampering evacuation
  - Mobility
  - Sensory
  - Cognitive
- Lack of resources
  - Special transportation needs

Identifying HMEs

- HME, Special Needs, or People with Disabilities?
- Census self-identification
- Community service providers
  - NGOs / CBOs / FBOs
- Home care agencies
- HME Registries
  - Voluntary
  - Mandatory
- Self-identification during the crisis

Preparing the Individual

- Support by programs / agencies
  - Example: home care intake
- Go Bag / Stay Bag
- Caregiver support
- Have a plan
- Maintaining contact with provider agencies
- Registration and tracking
- Consider the long term possibilities



Homebound HME Assessment by Transportation Assistance Level

- TAL 1
  - Able to leave home on their own or with assistance, but unable to access public transportation
- TAL 2
  - Cannot get out of home on their own and are able to sit for an extended period of time
- TAL 3
  - Not able to leave home on their own and are unable to travel in a sitting position
- Who does the assessment?

Movement by TAL

- TAL 1
  - Busses, paratransit vehicles, sedans
  - To evacuation center (general population)
- TAL 2
  - Paratransit vehicles, “special” staffed busses
  - To evacuation center (general population)
  - Possible referral (after triage) to special / medical needs shelter
- TAL 3
  - Ambulances
  - To nearest hospital outside area at risk
  - Medical clearing / staging

Critical Resources

- Vehicles
  - Be innovative
- Staffing
  - Consider their needs as well
    - Self
    - Families
    - Pets
  - Special skills
- Mobilization and deployment
- And the most critical …

Timing is Everything

- Lead time
  - Notification and warning
  - Resource mobilization
  - HME preparation
  - Transportation
  - Area clearance
  - Rescuer clearance

- It wasn't raining when Noah built the ark
  - Gaining acceptance of concept

Evacuation of Medical Facilities

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Joint Commission Requirements

Environment of Care Sections EC.4.14; EC.4.18

- Processes for full facility evacuation
- Horizontal and vertical
- When the environment cannot support care, treatment, and services
- Processes for establishing an alternative care site(s)
- Capabilities to meet the needs of patients, including treatment and services for the following:
  - Transporting patients, staff, and equipment
  - Transferring the necessities of patients (medications, medical records)
  - Tracking of patients
  - Inter-facility communication between the hospital and the alternative care site(s)

The Joint Commission

Types of Evacuation

- Emergency Evacuation
  - Immediate departure due to life or safety threat
- Urgent Evacuation
  - Commence within four hours
- Planned Evacuation
  - At least 48 hours to prepare

Emergent Evacuation

- Non-patient areas
- General in-patient areas
- Critical care, specialty care, operating suites, dialysis units
- Conclusion of emergent evacuation

Urgent and Planned Evacuations

- Pre-evacuation actions
- Patient preparation
- Patient movement sequencing
- Maintaining continuity of care

Patient Mobility Levels

- Ambulatory
- Wheelchair
- Non-Ambulatory
  - Lowest acuity
  - Moderate acuity
  - Critical care
  - Interrupted procedure
  - Arm-carry
- Behavioral Health
- Discharge-ready

Patient Movement Flow

- Horizontal movement
  - From unit to Patient Holding Area
  - Horizontal Movement Team
- Vertical movement
  - From Holding Area to Patient Loading Area
  - Vertical Movement Team
- Patient loading
- Movement to onward destination
- Placement at onward destination

Patient Movement Sequencing

- By mobility level
- Focus on efficiency
- First, move the ambulatory
  - Ambulatory elderly and behavioral health may be moved faster as wheelchair patients
- Discharge-eligible patients
- Wheelchair patients
- Non-ambulatory patients
  - From lowest to highest acuity

Special Situations

- Mothers and babies together
- Specialty care patients
- Airborne infectious isolation patients
- Morbidly obese patients

Response Considerations

- Authority to evacuate
- Lead time and decision-making
- Evacuation alternatives / strategic options
  - Shelter-in-place
  - Establish a buffer zone
  - Add resources
  - Partial or localized relocation
  - Alteration in the standard of care

Logistical Considerations

- Incident facilities
- Staff mobilization and assignments
- Alternate site selection
- Pharmacy
- Receiving facility guidelines
- Facility shutdown procedures
- Recovery and return
- Training and exercises

Maintaining Continuity of Care

- Clinical staff
- Equipment and supplies
  - Surge Area Supply Cart
  - Oxygen
  - Biomedical equipment
  - Supplies, linen, portable lighting
  - Patient comfort and privacy items
- Improvised environment of care
- Appropriate transportation resource
- Appropriate destination (like-to-like)

Patient Tracking and Accountability

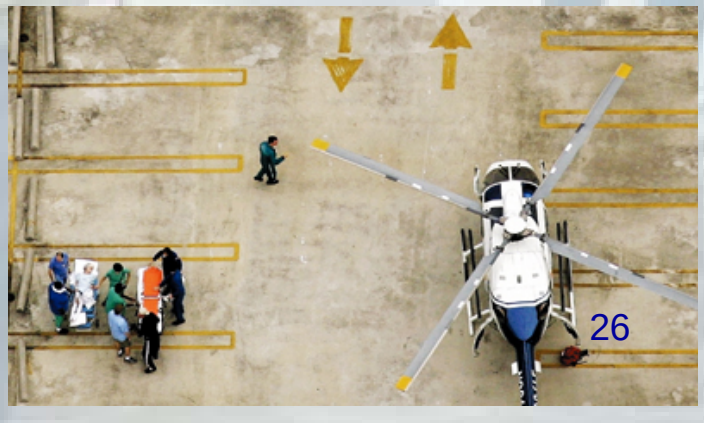
- Wrist band
- GO Pouch
- Bar coding
- Patient Tracking Unit
- Personal property

Discharge Planning

- Goal: reduce quantity of patients requiring evacuation by expediting discharge planning process when clinically appropriate
- PHysician Assessment Strike Teams (PHAST)
- Discharge dispositions
  - Home with no aftercare needs
  - Home with home care
  - Transfer to Nursing Home

Alternate Site Selection

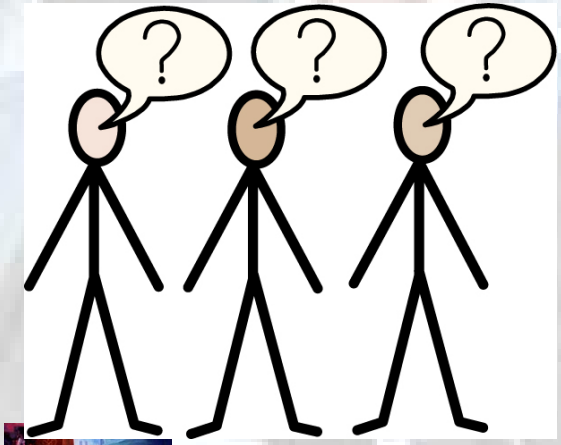
- Local vs. Distant (Joint Commission)
- Mutual aid agreements
- Bed assignments:
  - Closest, most appropriate
  - Higher acuity goes to closer facilities
  - Lower acuity travels further
  - Behavioral health patients
  - Pediatric, infant, and neonate patients



Conclusion

- Communities must plan for HME evacuations
- Extraordinary measures and resources will be required
- Time is the most significant factor
- Planning and preparedness today will save lives tomorrow
- Remember, it wasn't raining when Noah built the ark!

Questions?

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London's Times
"Ms Exclamation, your husband's in a comma. We're going to sentence someone for this...and we just need to ask you a few questions!"


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