

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

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

Zachary Goldfarb, EMT-P, CHSP
Certified Emergency Manager

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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

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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

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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

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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

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Identifying HMEs

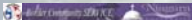
- HME, Special Needs, or People with Disabilities?
- Census self-identification
- Community service providers
 - NGOs / CBOs / FBOs
- Home care agencies
- HME Registries
 - Voluntary
 - Mandatory
- Self-identification during the crisis

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Preparing the Individual

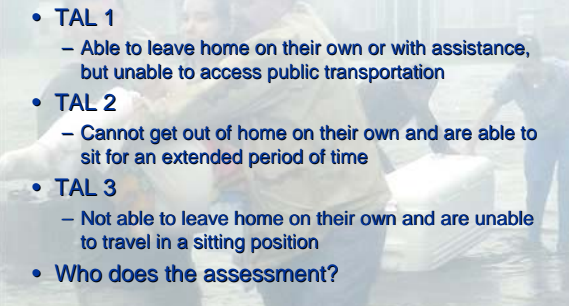
- Support by programs / agencies
 - Example: home care intake
- Go Bag / Stay Bag
- Caregiver support
- Have a plan
- Maintaining contact with provider agencies
- Registration and tracking
- Consider the long term possibilities

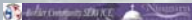


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Homebound HME Assessment by Transportation Assistance Level

- 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?



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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

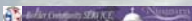


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Critical Resources

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



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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



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Evacuation of Medical Facilities



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JCAHO Requirements

Environment of Care Sections 4.10.14; .15

- Processes for full facility evacuation
- Horizontal and vertical
- When the environment cannot support adequate 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)





NYS DOH Requirements



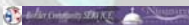
- Activation
- Site security
- Identification of alternate site
- Evacuation resources
- Continuity of care
- External transportation resources
- Tracking destinations/patient reception
- Notifications
- Room evacuation confirmation
- Transportation of records and supplies







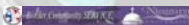
Types of Evacuation

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



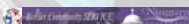
Emergent Evacuation

- 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

```
graph LR; Unit[Unit] -- Horizontal Movement Team --> HoldingArea[Holding Area]; HoldingArea -- Vertical Movement Team --> LoadingArea[Loading Area]; LoadingArea -- Transport To Onward Destination --> Destination[Transport To Onward Destination];
```

- 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
- Evacuation Task Forces

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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

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Special Situations

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

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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

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Logistical Considerations

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

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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)

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Patient Tracking and Accountability

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



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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
 - Is "home" safe?

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Alternate Site Selection



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



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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!

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Questions?



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"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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For additional information...

- **Zachary Goldfarb, EMT-P, CHSP, CEM**
Incident Management Solutions, Inc.
800.467.4925
www.IMSready.com
ZGold@IMSready.com

