EVACUATION PLANNING FOR HEALTHCARE FACILITIES

BCFS HEALTH AND HUMAN SERVICES

EMERGENCY MANAGEMENT

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Objectives

• Review evacuation history for health care facilities in disasters
• Examine issues related to evacuation planning
• Shelter in Place vs. evacuation
• Evacuation considerations
• Alternate Care Facilities
• Mutual aid evacuation planning
BCFS: System of Nonprofit Corporations

- System of non-profit health and human service corporations
- Programs and services are offered domestically and internationally, serving more than 4,700,000 persons annually
- BCFS administers over 60 separate programs
Emergency Management Division: Consultation, Training & Exercises

• Alternate Care Facility Planning
• Functional Needs Support Services (FNSS)
• ICS and HICS
• Whole Community Planning
• Planning for People With Disabilities and Others with Access and Functional Needs
• Disaster Medical Care Courses
• Medical Surge and Disaster Triage
• Crisis Standards of Care
• Standards and Regulatory Compliance for Environment of Care
• Medical and Ambulance Strike Team Training
• ESF 8 and ESF 6 Emergency Management Programs and Emergency Operations Plans
• Mass Fatality Management
Large Incident Responses

• Branch Davidian Incident
• Southeast Asia Tsunami
• Hurricane Emily
• Hurricane Katrina
• Hurricane Rita
• Eagle Pass Tornado
• Hurricane Dean
• FLDS Event
• Hurricane Dolly
• Hurricane Gustav
• Hurricane Ike
• H1N1 Flu
• Haiti Earthquake
• Hurricane Alex
• Texas Wildfires 2011
• USHHS ORR Influx 2012
Hospital Evacuations

- Internal event (fire/power)
- Internal haz mat
- Natural event (flood/hurricane/earthquake)
- Terrorist event

<table>
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<th>Category of Disaster</th>
<th>Nature of Disaster</th>
<th>Number of Events</th>
<th>Number of Hospitals Evacuated</th>
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Moore Medical Center, Oklahoma
Joplin, Missouri
Northridge, California
Healthcare Providers

Health Care providers can be part of the victim population
Long Term Care Facilities in Disasters

Katrina Deaths in LTCF’s

- 34 at St. Rita’s
- 36 in 12 other facilities
Long Term Care Facilities

- Katrina
- Long Term Care Hurricane Summit (2006)
- Post Katrina Reform Act
- Revisions to the NRP
- 2008 – National Response Framework – inclusion of “individuals with special needs”
Long Term Care Facilities in Disasters

- Not usually included in the disaster planning process
- Special patient population (dementia, non-ambulatory, O2 and DME dependent)
- Need to be given utility prioritization over other businesses
- Have similar requirements to other healthcare facilities – less resources
- Stand alone facilities and for-profit facilities may not be eligible for federal reimbursement
Barriers to Planning for LTCF

- Lack of involvement with local and state partners
- Staff turnover
- Unfamiliarity with regulations and requirements
- Lack of administrative support
- Inability to stockpile disaster supplies
- Lack of funding for disaster planning
Lessons Learned?

• Hurricane Katrina
  – Children’s Hospital of New Orleans – no damage but no water = no cooling
  – Kindred Hospital – power but no water
  – Tulane and Charity – back up generators failed

• Hurricane Sandy
  – Failed back up generators
  – Flooded basements lost power sources
Transfer Trauma

• Symptoms can include confusion, depression, withdrawn behavior, self-care deficits, weight loss, falls, infections, increased illness rates and even death

• In a report on nursing home populations evacuated during or after hurricanes including Katrina and Gustav researchers noted spikes in hospitalization and death rates 30 to 90 days post-evacuation due to rapid health decline

• 125 of one Coney Island nursing home's 611 residents died within 90 days of the facility's evacuation after Hurricane Sandy

Sources: National Long Term Care Ombudsman Resource Center, Safe Haven Study, NY1)
Hurricane Rita

Over 90 deaths due to evacuating medically compromised individuals

- Exacerbation of medical conditions
- Stress
- Loss of medications
- Heat
Sheltering-in-Place vs. Evacuation
Evacuation Vs. Shelter in Place

- Type of disaster
- Time to evacuate
- Risk to patients
- Resources available
Sheltering In Place

- Nature of the event
- Immediate vs. urgent
- Size of disaster
- Local (facility) vs. widespread (community)
- Ability to evacuate
- Sheltering preparedness
Sheltering In Place - Facility

- Location of facility
- Lay down Factor
- Facility structure
- Utilities reserves
- Security
- Supplies
- Staffing
What Do You Need to Stay Operational?

- City Water
- Steam
- Electricity
- Natural Gas
- Boilers/Chillers
- Powered Life Support Equipment
- Information Technology/Telecommunication
- Security
Sheltering In Place

Decision: Evacuate or Shelter-in-Place

- Time
- Scope
- Nature of Event
- Rural
- Urban
- Metropolitan
- Hurricane Evacuation Zone
- Storm Surge Zone
- Flood Zone
- Location of Facility
- In the Zone
- External Factors
- Internal Factors
- Destination
- Transportation
- Supplies
- Staff
- Resident Acuity
- Physical Structure

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National Criteria for Evacuation Decision-Making in Nursing Homes
Evacuation Considerations
Definitions

• Immediate evacuation – requires immediate, prompt departure due to life threatening conditions

• Urgent evacuation – quick, but orderly hospital departure

• Why does that matter?
Estimating Evacuation Time

- Time to empty the building (notification vs. no notification)
- Time to transport patients
- Number of patients and mix of patient acuity
- Available staff
- Available exit routes within the hospital
- Patient transportation requirements
- Available transportation resources (vehicles, as well as the necessary staff, equipment, and supplies that must be in the vehicles)
- Entry and egress points at the hospital
- Road and traffic conditions
- Location of and distance to receiving care sites
Evacuation Considerations

• Who has authority to order evacuation?
• Who do you evacuate first?
• How do you get them out of the building?
• Communications during the evacuation?
• What training has the staff had in evacuations?
• Where will you stage patients awaiting transport?
• Who will provide medical care for the community?
• Will your facility survive the evacuation?
Evacuation Issues

- Compromised health status
- Transportation
- Mobility
- Sensory and Cognitive
- Relocation
- Patient equipment/belongings
- Patient Stress
Transportation Implication

• Type of disaster
• Time of evacuation (day/night)
• Amount of time from notification to disaster
• Toll bridges/roads conditions
• Choke points
• Establishment of rest areas along the way
• Transportation assets
• Transportation logistics
Mobility Issues
Evacuation and Sheltering In Place
Transportation Vehicles

- Number of special needs vehicles
- Duplication of vendor agreements
- Availability
Alternative Means of Transportation
Staffing for Transportation
Lessons Learned

• Don’t assume you will get this

• Because you could get this
Questions To Consider

• What are the evacuation routes and do people know them?
• Do responsible agencies have access to resources and who will activate these resources?
• Have responsible agencies done any training or exercises?
• Assembly or staging areas
• What modes of transportation and alternate transportation are available in your jurisdiction?
• What personnel will be assigned to transporting vulnerable populations
Where Are You Going?

- Are evacuation shelters pre identified and known to transport people?
- How will people be sorted out prior to transport?
- Does your jurisdiction have an idea of how many medical populations will require transportation assistance?
Relocation Issues
Stress

- Difficult for people with cognitive issues
- Removed from calm, routine environment
- Difficult for people with mental health issues
- Difficult for the elderly
Tracking and Accountability

• Who will keep track of who is transported and to where?
• Is there a system for notifying family members?
• Has your jurisdiction looked at liability issues for people injured while being evacuated?
LTCF’s Role in Evacuations

- Do not expect that hospitals will take any of your patients
- Do expect hospitals will ask you to take back your patients
- Do expect that hospitals may ask you to take a “surge” of patients
- You will be expected to have an ACF plan
- You may also surge with staff and staff family members
Evacuation Issues for LTCFs

- LTCF do not normally expect to receive patients
- No ability to store extra supplies and equipment
- No extra room for additional patients
- Usually no MOUs in place
- Don’t have med surge plans
- Staff may not be trained for higher acuity patients
Mutual Aid Agreements
Overall Responsibilities

- Each facility has own internal plan
- Everyone uses HICS
- Use tracking sheet
- Inform of changes of ability to receive
- Participate in JIC (Joint Information Center)
- Maintain adequate business interruption insurance
- Maintain accuracy of Annex plan information
- Attend meetings and drills
- Participates in debriefing process
Facility Responsibilities

• Evacuating Facility
  – Reduce patient census
  – Document patient tracking
  – Help notify receiving facility of patient type and number
  – Send records with patient
  – Send equipment, medications and staff
  – Maintains transferred staff on their payroll

• Receiving Facility
  – Reduce patient census
  – Prepare to receive patients
  – Obtain additional equipment and staff
  – Maintain patient tracking
  – Notify family, doctors of patients
  – Responsible for receiving staff safety and equipment
  – Return all patients and equipment when appropriate
Considerations for Evacuation MAA

- Pre-identification of bed availability (type)
- Transportation assets
- Compatibility of equipment
- Liability/workers compensation
- Privileges
- Staffing considerations (travel, lodging)
- Transport of meds
- Record exchange
- Costs associated with evacuation/transfer
- Patient insurance issues
Questions?

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