

Disaster Planning

Over the years, patient care provision has moved from the acute care hospital setting into other supportive and allied health care facilities. This move has assisted in keeping acute care hospital beds available and permitted a larger array of options to the chronically ill patient. Skilled Nursing and Board and Care Facilities, at home-at risk patients, and in home support services programs have grown tremendously and are located in most communities. This trend has also created several emergency management issues related to response and planning for multi-casualty and disaster incidents.

It is essential that these non-traditional facilities understand the roles and responsibilities of offering the services that are afforded to their client base. The movement of patients, into the majority of these facilities, is an elective option to either long-term hospitalization or family care at home.

In the event of a large scale incident skilled nursing and board and care facilities, in home support services, and "at-home, at-risk" **facilities will not be a high priority for receiving emergency medical care and hospitalization.** These facilities provide some degree of medical care and patient advocacy. Hospital admissions of these patients will saturate our hospitals very quickly and prohibit the admission of critically ill persons. This is not to say that patients sustaining new medical problems or injuries, related to large scale incidents, will not be treated and cared for by emergency medical services but the priority of response will be greatly delayed.

The admission of chronically ill patients from any of the aforementioned facilities, into an acute care hospital, will not serve any population well. The majority of patients residing in or participating in these allied health care facilities or programs are in need of assistance with the basic activities of daily living and not critical care.

Further, **early discharges should be instituted as soon as possible following a large scale event.** All medical or potential medical facilities may be developed into field triage sites, wound care clinics, morgues, step-down units, etc. during declared disasters and local emergencies.

In order to assist you with your continued planning for disaster situations, items of concern have been listed below.

MAINTAINING ELECTRICAL POWER

- Back up power provision from UL approved portable generators is essential as is an adequate fuel stores, oil, and UL approved extension cords with surge protectors (power-strip bars). Depending on the size of the generator and amount of fuel being stored, a permit may be required from the local fire authority or civil regulatory agency.
- In many cases, several generators should be utilized to supply higher power demand and account for generator failures.
- Battery powered devices should also be utilized as much as possible and supplement generator supplied power.
- Flashlights should be widely available throughout facilities including a large supply of replacement batteries.

- Manual operation provisions must be in place for all device dependant patients including ventilators, intravenous pumps, etc. Equipment and personnel requirements must also be factored into these provisions.

PROVISION OF FOOD AND WATER

- Food and water provisions should be available for no less than three days. Remember - during a large scale incident, workers, visitors, and support personnel will require more food and water than under normal circumstances. Work load and activity levels will increase from those of day-to-day operations.
- Plan for contamination of food and water or the possibility that all maintained stores will be unusable. Storage of these items should be in several locations throughout the facility, be well restrained to prevent damage and spillage, and be in a climate controlled environment.
- Replenish and rotate stores often. A plan must be in place to ensure that fresh food and water are maintained at all times.
- Keep the food and water stores portable. If you are required to relocate - bring your food and water with you. The relocation site will not be able to provide food and water supplies easily.
- Remember to maintain electrolyte balance in the patient populations. Hydration by water alone is not adequate for the majority of patients.

ORDERING OF DISPOSABLE MEDICAL GOODS AND PHARMACEUTICALS

- As many of the medical good and pharmaceutical suppliers in the County are shared by others in similar situations, it is not reasonable to expect that facilities will be able to have rapid access to receiving supplies.
- Additionally, the priority for filling of orders will be given to acute and critical care facilities and providers.
- In-house stores should be provided for at least three days.
- Rotate supplies often.
- Identify what medications are not necessary for patients during large scale incidents and disasters.
- Identify alternate medications that may be used.

PATIENTS WITH UNUSUAL OR POTENTIALLY DANGEROUS CONDITIONS THAT REQUIRE SPECIALIZED CARE

- Consider pharmaceutical management
- Consider discharge
- Identify how patients will be tracked and managed to prohibit wandering, injury, and panic.
- Identify personnel who will manage these patients.
- Ensure that documentation accompanies each patient that explains the diagnosis and treatment plan for unusual or potentially dangerous conditions.

COMPLETION OF A COURSE IN THE STANDARD EMERGENCY MANAGEMENT SYSTEM

- All operations during a disaster or large incident will be coordinated through the use of the Standard Emergency Management System (SEMS) and the Incident Command System (ICS). A working knowledge of these systems is essential to be able to function during disaster situations.

- Courses/information/resources are available through local EMS Agencies and online through FEMA for any interested personnel.
- Preplanning and identification of roles and responsibilities are essential.
- Integration with pre-hospital care and emergency management workers will help to ensure your needs are received and understood in a uniform fashion.

IF IT IS NECESSARY TO EVACUATE YOUR FACILITY, WHAT MEANS ARE IN PLACE TO ACCOMPLISH THIS TASK?

- **Emergency Medical Services will not be able to assist in the movement of non-critical patients during disaster situations.**
- Facilities must establish a method of moving patients to other facilities, not including acute care hospitals, other than those who present with acute illness or injury related to the disaster situation.
- Provisions should be made with similar facilities to provide a back up location for patients.
- Unless prearranged by contract; many large facilities such as schools, churches, auditoriums will not be available as shelters or relocation sites. The majority of these sites are already held by the American Red Cross, Human Services Agency, etc.
- Develop Shelter in Place provisions and alternate on-campus patient care areas.