

EVACUATION PLANNING

The background of the slide features a clear blue sky. A black flagpole is positioned on the right side, flying two red flags. Each red flag has a black square in the center. The flags are waving in the wind. At the top of the pole, there is a white spherical object, possibly a weather vane or a light fixture.

presented by:

Jeff Moody

Disaster Preparedness Support

3rd Street Management

Taking Care of Our Residents

- In preparing for a disaster, people with special medical needs have extra concerns.
- Try to picture those you provide care for during a disaster and during the three days immediately following it.
- What might be some of your residents' special medical needs?



**“The time to repair the roof
is when the sun is shining.”**

- John F. Kennedy

The Delicate Nature of Our Business

- The evacuation of an assisted living facility/nursing home is an extremely serious undertaking with inherent risks to the residents the facility seeks to protect.
- The mass movement of persons during an emergency event who are often extremely frail, cognitively impaired, and/or bed-ridden, has considerable health implications.
- Our residents have higher disaster-associated risks than the general population and moving them out of harm's way may well become a community imperative...or ours alone.
- As practitioners providing care for the frail, elderly, and persons with disabilities...assisted living facilities & nursing homes have a moral, legal, and professional responsibility to plan and prepare for emergency operations, including the decision to evacuate or shelter-in-place.



Rock and a Hard Place ?

- Risks to patients in deciding when to evacuate
 - traffic congestion
 - not arriving before the disaster occurs
 - move & no disaster
- Ivan 2004: deaths of elderly occurred due to heat and stress of traffic jams because of poorly planned evacuations
- Katrina 2005: deaths of elderly from asthma, diabetes, high blood pressure, etc. due to lack of medication and routine care

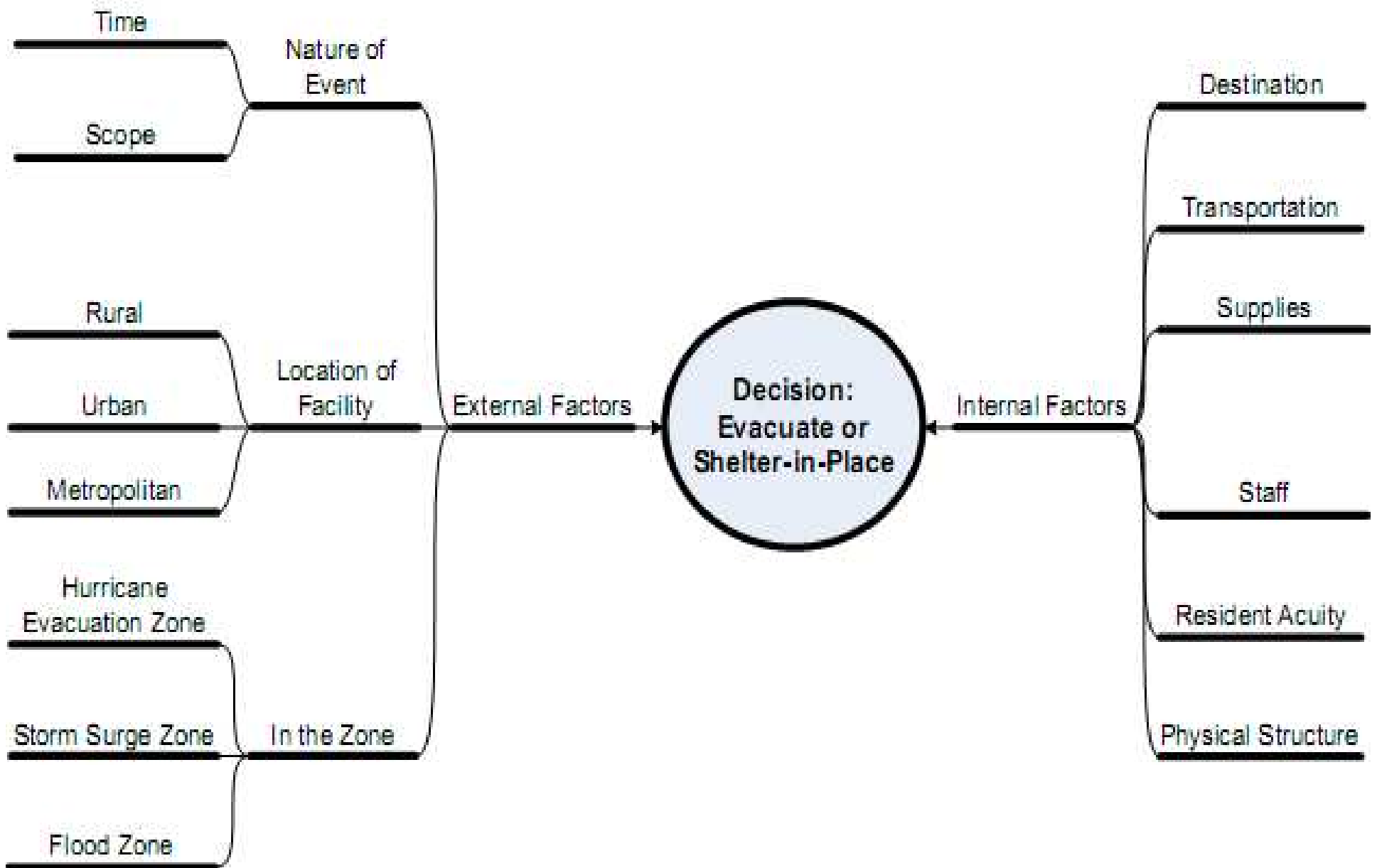
- Laws and regulations require comprehensive planning to ensure the protection of assisted living and long term care facility residents; their proper nutrition and hydration; adequate staffing before, during, and after an event; and maintenance of essential communications with both families and government officials.
- There are also requirements for the safe transportation of our most frail, least ambulatory residents in the event conditions warrant swift relocation.

I'm with the Government and I'm here to help...yeah right

- **Who?**
 - Government can order evacuation of the population or segments but health care facilities may be exempt from these orders
 - Administrators can make the decision
- **What federal response?**
 - National Disaster Medical System provides assistance with transportation
 - Can help with evacuation of hospitals, but not with assisted living and long term care facilities

Stay or Go?

- Evacuation is time-consuming, complex, and expensive and must be addressed in the facility's emergency management plan.
- Because of the unexpected nature of emergencies, there is no single evacuation formula on which nursing home leaders may rely.
- Evacuation decision-making is rarely a straightforward, linear process; but rather, simultaneously involves a myriad of factors.



Incident Command System

- Homeland Security Presidential Directive (HSPD) 5 called for a single, comprehensive system to enhance the ability of the United States to manage domestic incidents. The National Incident Management System (NIMS) was rolled out in 2004 by the Department of Homeland Security, providing a template enabling all levels of government, the private sector, and nongovernmental organizations to work together during an incident.
- A cornerstone of NIMS is the Incident Command System (ICS). Developed in the 70's, the ICS is a standardized, all-hazard incident management concept, allowing its users to adopt an integrated organizational structure. This common structure can be used by an organization of any size, providing greater efficiency, better coordination, and more effective communication. The framework of the Incident Command System supports critical decision-making by defining well-established lines of communication and responsibilities.
- The Incident Command System is structured to support five major functional areas: command, finance, logistics, operations, and planning. These five areas comprise "Incident Command."

Nature of Emergency Event

- Emergency events are unpredictable and may occur in many forms. From the impending hurricane which gives hours or even days of preparation time and impacts multiple counties, to the fire outbreak which gives only minutes and impacts only a single nursing home, varying emergency types demand different facility responses.
- The nature of emergency events influences the decision to evacuate in two general ways:
 - Time: Immediate threat vs. Impending threat
 - Scope: Facility-specific vs. Community-wide

Time: Emergency events may be immediate or impending

- Immediate emergency incidents (fire, gas leak, etc.):
 - Occur with little or no warning
 - Allow for very little planning time for Incident Command
 - Response relies more heavily on training rather than immediate direction from supervisors
 - Allow for no time to conduct an off-site external evacuation, though the facility population may evacuate from one portion of the building to another or from the building to outside
- Impending disasters (hurricane, winter storm, wildfires, etc.)
 - Are tracked for some period of time prior to impact
 - Allow communication beforehand with outside stakeholders, especially local emergency operations centers
 - Allow some time for Incident Command to meet, formally activate disaster plans, weigh options and prepare
 - Allow some consideration to pinpoint a time by which a decision to evacuate must be made in order to allow for safe evacuation by considering the following:
 - Estimated time of arrival of tropical storm winds of sustained 39 mph or at the onset of storm surge inundations, whichever occurs first
 - Time required to mobilize residents, transport them, and move them into the evacuation destination location



Scope

The scope of the emergency event refers to the geographic impact of the incident and may be facility-specific, local, or widespread. The decision to evacuate or to shelter-in-place will be influenced by the scope of the emergency.

Facility-specific

- Emergency events may be facility-specific or relevant to only a local neighborhood.
- Characteristics of facility-specific emergencies include:
 - Immediacy
 - Evacuation decision made by the facility's Incident Commander rather than outside direction
 - Short distance to the evacuation destination, often within the community
 - Municipal utility services will likely continue uninterrupted
 - An evacuation made within the facility, a partial evacuation of residents, or complete
 - Abandonment of the structure, depending on the damage to the structure
 - An evacuation duration which is very short (hours to days) unless damage is significant

Local

- Localized events will impact limited areas, including multiple city blocks or specific counties.
- Characteristics of local emergencies include:
 - Evacuation direction will come from local officials
 - Either voluntary or mandatory
 - Immediate or impending
 - Evacuation destination to occur over shorter distances
 - Distances within 50 miles
 - Travel duration between 45 minutes and 2 hours (not including load/unload time)
 - Evacuation may be partial or complete
 - Evacuation duration will generally be of shorter duration (days to weeks), although some specific circumstances could be longer
 - After the event, repairs to local infrastructure should occur relatively quickly and supply chains will experience minimal disruption

Widespread

- Generally a widespread event impacts broad geographic regions, for example, multiple counties or states. Widespread events will be powerful and highly disruptive. These events will often be impending events, occurring with advance warning.
- Characteristics of these widespread emergencies include:
 - Mandatory evacuations ordered by government authorities
 - Long distance travel will be required
 - Distances greater than 50 miles
 - Travel duration over 2 hours (not including load/unload time)
 - Complete evacuation of residents and staff
 - Evacuations which may be of an extended duration, possibly measured in months
 - After the event, supply systems and infrastructure will be significantly damaged or destroyed and services will not be restored quickly
 - Facility damage is likely to be significant

SPEED
LIMIT
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TO
FLORIDA
AVE
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Internal Factors

- Internal factors influencing the decision to evacuate or shelter-in-place are unique to a specific facility.
- Two facilities in the same geographic location facing the same emergency event may make different evacuation decisions based on their internal factors, and both decisions may be valid.

Resident Acuity

- Resident acuity is an internal, facility-specific condition influencing the decision to evacuate all or some of the residents in the facility.
- Partial evacuation may come into play when there is the potential for a planned evacuation related to an anticipated emergency event such as a hurricane.
- Partial evacuations are considered when there are residents whose conditions are complex and could become compromised if transport from the facility is jeopardized during or after an emergency event.

Staff

- The availability of staff to be contacted and to return to work is an important factor influencing the decision to evacuate or shelter-in-place.
- There are many reasons which may affect staff's ability to respond when called back to work:
 - Impassable roads
 - Injured, ill, or deceased family members
 - Inability to communicate: cell towers/phone lines down
 - Concerns about dependent family members
 - Concerns about pet safety

External Factors

- External factors influencing the decision to evacuate or shelter-in-place are beyond the facility's control and tend to pose the same threat across a geographical area.
- External factors are described in terms of the nature of the event, time and scope, and the facility's location and geographic vulnerability.

Emergency Recall Phone List

- Evacuating is a staff intensive event.
- An up to date listing of every employee, along with their contact number(s) & physical address, must be maintained and readily available.
- Should the need for additional employees be needed, this list will be activated and employees instructed to report for duty.
 - A specific employee must be assigned the responsibility for ensuring the callback list and phone numbers are current.
- Should the loss of the telephone system occur, an alternate call back method also needs to be established, i.e. Radio or Television announcements

Evacuation

- Activate Plan
 - Notify & recall necessary staff
 - Notify County Emergency Managers (local & receiving)
 - Notify DSS & DHSR
 - Inform of the decision to evacuate and relocation site(s)
 - Notify families and responsible parties of decision
 - Determine which residents can be discharged to the care of their family
 - Prepare medical & business records, medications, resident “go-bags” and emergency kits
 - Place ID bands on residents and record name on a muster sheet/log

Evacuation cont'd...

- Designate staff member as “first to arrive” to brief receiving facility and direct set-up
- Designate a maintenance staff member to stay at or near the facility in order to assess damage as soon as it is safe to do so
- Triage residents for transport
 - Load residents most ambulatory first, they will be on the vehicle for the longest time
- Each vehicle should have at least two nurses, an ice chest, diapers, hydrating liquids, & emergency medical supplies
- Residents requiring oxygen should be transported by ambulance and well ahead of the rest of the facility

Resident Care & Safety

- Life Safety is FIRST consideration
- Patient Transfers
 - Rapid...but SAFE!
- Continuity of Care
 - Hydration, essential medications, wound care, etc.
- Environmental Exposure
 - Heat, Cold, Moisture, Direct Sunlight

Resident Care & Safety...cont'd

- Establish procedures for assisting persons with disabilities and those who do not speak English
- The staff should know the specific capabilities of residents and their mobility limitations
 - FL 2 forms and “Face Sheets” can provide valuable information about the resident’s acuity level and transportation requirements

- Is your facility working with the County Emergency Manager and the local DSS Adult Home Specialist to be prepared together in case of an evacuation or other emergency?
 - Have a working relationship with your county emergency manager.
 - Understand their job before, during and after a disaster.
 - Help them to understand your needs.
 - Keep that communication open to avoid problems with your transportation disappearing.

Transportation

- Even when a decision to evacuate has been made, it cannot occur without a means of transport.
- Some emergency events such as tornadoes and earthquakes may require post-event evacuations and other impending emergency events may necessitate a planned evacuation.
- Regardless, the lack of transportation can abort the evacuation attempt. Facilities are advised to identify three transportation providers.



Transportation Pitfalls

- Poor planning by the facility
- Incorrect assumptions regarding vehicle sources and availability
 - Too great a demand for too few vehicles
- Vehicles are destroyed in the disaster
- Vehicles cannot respond into the region
 - Impassable roads
- Vehicle size or type
 - An insufficient number of vehicles may require several trips, causing an evacuation to take
 - more time to complete than is available, forcing some residents to shelter-in-place
 - Vehicles that are difficult to load and unload will require more time for evacuations
 - Loading and travel times must be less than the time available to travel safely in
 - deteriorating conditions, such as the onset of tropical storm-force winds
- Fuel source and availability

- Have you contracted with ambulance services, facility owned transportation, bus companies?
- Does the company that your facility contracted with have more than one contract?
- This may be okay if it is just your facility to be evacuated, but what if it is a widespread event and all of the facilities are calling on that company?
- How will they prioritize?
- Do they have enough buses and drivers to accomplish complete evacuation?
- Is there a plan if vehicles cannot get to the facility?



Evacuation Routes

- It is essential that evacuation routes are determined in advance. Based on conditions, established routes may not be available.
- The facility should have pre-printed evacuation packets on file that include primary and secondary evacuation routes. Routes to the North, South, East and West should be established:
 - Customized maps, driving instructions, and projected travel times to pre-designated alternate facilities

Considerations

- Are there enough medication available for the time the residents will be away from the facility?
- For residents with Alzheimer's, dementia, etc. ...they will become more disoriented, are you prepared to handle that?
- Where will you locate extra staff to help residents?
- Partial evacuation of patients can help. Have family take those that can be removed allowing fewer to the care of the staff.

Transport of Medical Records/Medications/Supplies

- What is the procedure for transporting the medical records and MARs?
- How will confidentiality be maintained during transport?
- What is the protocol for transport of resident specific medications to receiving destination(s)?
 - Minimum 3 day supply
- What is the protocol for transporting resident specific controlled substances to receiving destination(s)?
 - Minimum 3 day supply
 - Include procedures to record receipt, full count and signature of both transferring and receiving personnel



Resident Identification

- Determine how residents will be identified before, during and after an evacuation. Use of ID bracelets are highly encouraged
- The following information for each resident should be readily available in an emergency packet:
 - Full Name
 - Social Security Number
 - Photograph
 - Medicaid or other health insurer numbers
 - Date of Birth
 - Name and contact information for NOK or responsible party
 - Diagnosis
 - Current medications, allergies, and special diet requirements
 - DNRs
- Information must be secured at all times and comply with HIPPA regulations

Emergency “Go Bags”

Recommend an emergency “go bag” be prepared for each resident:

- Personal clothing
- Gowns/Pajamas
- Shoes
- Slippers
- 3 to 4 days of:
 - Underclothes
 - Socks
- Incontinence supplies
- Personal grooming items
- Dental supplies
- Eyeglasses
- Hearing Aids
- Preprinted labels
 - Residents Name
 - Facility
 - Telephone Number
- Pictures

Evacuation Tracking

- What process is in place to track the destination of each resident?
- Who is responsible for tracking the resident's arrival at the destination(s)?
- What is the process of informing the resident's family/emergency contact of the decision to evacuate and the resident's condition?
 - Who is assigned to complete the notifications?
 - What is the process or documenting the notifications?

Resident Tracking Log

- Use a tracking log to record the following information:
 - Resident Name
 - Gender
 - Time of departure
 - Mode of transportation and Operator's name
 - Destination
 - Medications/Equipment sent
 - Family/Responsible Party notified
 - Name
 - Date & Time

Destination

- Even when a decision to evacuate has been made, it cannot occur without a place to go.
- Destination locations will be identified in the facility's emergency management plan and should include these destination location types:
 - Close Proximity
 - Within Area
 - Outside of Area
 - at least 2 in opposite geographical directions
 - At least one destination should be at least 50 miles away
- The impact of the emergency event on the “home” facility may necessitate a long term stay at the destination facility or a transfer to another more permanent care location.
- The public shelter is a choice of last resort; conditions may be poor and the health of residents may be threatened.

Alternate Sites

- Are there Memorandums of Agreement (MOAs)/Contracts with each Alternate Facility?
 - Are the MOUs reviewed every 6 months?
- What is the process of ensuring these facilities remain available at the time of evacuation?
- What is the process in place to notify identified facilities that a decision has been made to evacuate residents to their facilities?

Memorandums of Agreement (MOAs)

- Written agreement to provide items or a service
- Alternate Sites, Transportation providers, Vendors, etc.
 - Must address the use of supplies/food/materials at the alternate site as well as the cost involved for using
- Listed as Appendix in Emergency Plan
- Should be reviewed semi-annually



Ongoing Concerns

- Communications with families & responsible parties
 - These people may be displaced also
- Reconstructing medical records if left behind, destroyed or lost
- Return Transportation
 - False starts

Ongoing Concerns...cont'd

- **Publicity**
 - Media interest may be high
 - Determine message beforehand
 - Identify spokesperson
- **Adequate Staffing**
 - Overtime
 - Burnout
 - Agency Staffing
 - Crisis counselors for residents and staff
 - Morale

Staffing at the Alternate Site

- Staff should be prepared to:
 - Assume additional duties
 - Work different hours/schedules
 - Perform duties in a different manner than they are accustomed
 - Work with the staff of the host facility

Facility Reentry

- The Emergency Plan should list procedures for reentry to the evacuated facility:
 - Who authorizes reentry?
 - What are the procedures for inspecting the facility?
 - Who determines the facility is ready to receive residents?
 - What are the procedures for returning the residents?

Planning, Training, Execution

- Redundancy in disaster planning is strongly encouraged as it is certain that resources will be stretched thin by constantly changing conditions.
- Facilities are encouraged to implement a three-deep philosophy, entering into contracts with multiple vendors for the provision of food, water, emergency power, transportation, and emergency destinations.



Questions

