

Evacuation Planning: When to Stay & When to Go

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Preparedness for Long Term Care

Shelter In Place or Evacuation

- Shelter in place
 - Structure & interior atmosphere separates occupants from exterior hazard
 - Able to reasonably secure facility against threat
 - Rapidly evolving & resolving emergency
 - Hazardous conditions evolve too rapidly to permit safe evacuation
 - Low to moderate hazard intensity
 - Unless higher hazard intensity would unacceptably threaten evacuation process

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Decision to Shelter or Evacuate

- Internal or external threat
- Predicted or approaching threat
 - Time for planning, strategy & logistics
 - Existing plan & evacuation destination
 - Destination facility integrity & safety
 - Availability of transportation resources
- Structural instability or deteriorating interior conditions-immediate threat
 - Urgent evacuation will likely increase risk to patients and staff

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Decision to Shelter or Evacuate

- Continuity of health facility operations
- Health facility infrastructure
 - Air handling system; heating/air conditioning
 - Electricity, water, oxygen
 - Duration of interruption
- Internal evacuation
 - Patients to area of safe refuge
 - May be within or separate from main health facility structure
 - Staging prior to external evacuation
- Triage for evacuation
 - Proximity to threat vs. clinical acuity or ability for limited self-care
- Patient transfer methods
 - Equipment pre-staged & personnel on hand

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Patient Care & Safety Considerations

- Medical records & *continuity of clinical care*
- Medications
 - Essential; Substitution; IV to IM or PO
- *Environmental exposure: heat & cold*
 - Heat transfer (moisture, direct sunlight), dehydration
- Patient transfers
 - Transfer modality; floor-to-floor
- Ventilators & oxygen
 - Ventilator portability, power source, O₂ source
 - LOX & pressurized O₂ safety
 - Combustible environment in motor vehicles
- Evacuation-related morbidity & mortality

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Health Facility Evacuation Coordination

- Pre-emergency planning
 - Strategies, tactics & destinations
- Healthcare infrastructure intact or not intact
- Healthcare infrastructure intact
 - Ambulance, van, bus, private vehicle
 - Pre-arranged, 24/7/365 points of contact, options
 - Destination facility communication
 - Medical records, meds, support equipment, personnel
 - Coordination through local emergency management desirable (e.g. ambulance resources)
 - Emergency services help available

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Health Facility Evacuation Coordination

- Healthcare infrastructure not intact
 - Destination facility: pre-arranged capable?; others arranged at time of need; community/vulnerable populations shelter; acute care facilities; 'alternative care site'
 - Longer transport distance
 - Personnel for longer in-transit care
 - Coordination with local emergency management
 - Emergency services help may be limited or delayed
 - Destination facility availabilities & capabilities
 - Transportation resources availabilities & capabilities

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