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Medical Special Needs Focus for Texas



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Suggested Definitions

Medical Special

Needs: a person with medical special needs is someone who: a) would need assistance during evacuations and sheltering because of physical or mental disabilities; and b) someone who requires the level of care and resources beyond the basic first aid level of care that is available in the shelters for the general population.

Medical Special Needs Shelters:

emergency shelters designated specifically to care for individuals with chronic and acute health issues which prevent them from being housed in a general population shelter (which houses the public without regard to health conditions) but who lack the acuity to be sent to a health care facility.

Hurricane season officially began June 1. For this season, Texas planned early, having learned a great deal in 2005 about the intricacies of responding to unpredictable natural disasters.

By Labor Day 2005, over 230,000 people had taken shelter in Texas following Hurricane Katrina's devastation of late August created by three landfalls, 120+ mph sustained winds, storm surges, and a breached levee system around New Orleans that no longer could protect the city from Lake Pontchartrain and the Mississippi River floodwaters.

Louisiana evacuations ended September 7 but by then, Texas had absorbed about 450,000 new residents from Louisiana, Mississippi and Alabama, had 200 shelters in operation, and 56,000 hotel rooms filled with evacuees. Then, within little over a week's time, tropical storm #17 formed east of the Turks and Caicos Islands and by September 20, it would be renamed Hurricane Rita.

Early on it was estimated that Rita would likely threaten the Texas coastline and an eastern part of the state already well saturated with evacuees. Texas had to respond. It had to quickly figure out how to safely move Katrina evacuees out and around in Texas, recall emergency personnel – including the nearly 1200 Texas National Guard who were working Katrina recovery efforts elsewhere – and prepare for an unprecedented, mandatory evacuation by 22 counties along the Texas Gulf Coast. Ultimately, 17 Texas counties were declared disaster areas.

LAYING THE GROUNDWORK

Way before the hurricanes, in November of 2001 in fact, the Governor's Task Force on Homeland Security recommended establishing a coordinating council – to be composed of both

public and private sectors – to get a plan for early detection and streamlined response to bioterrorism. It was to avoid a duplication of efforts and establish “well defined duties, responsibilities, and jurisdictional authority.”

At its inaugural meeting in May of 2003, the Preparedness Coordinating Council (PCC) of the Texas Department of State Health Services (DSHS) took shape. Its original intent was to serve as the then-Commissioner of Health's Statewide Bioterrorism Advisory Committee. Clair B. Jordan, MSN, RN, executive director of Texas Nurses Association, was appointed to represent nursing and TNA on the council. Her term of service will expire in 2008.

In late spring of 2005 – prior to the August/September hurricanes, the DSHS was already conducting a statewide inventory of emergency preparedness coordinators from county government and hospitals in all 254 counties. As the lead agency for providing health and medical support during an emergency, DSHS wanted to examine the degree of volunteer support for the many tasks required in an emergency. The final published report of the research findings, *In Case of Emergency, Volunteers in Texas*, resulted from personal surveys of hospital emergency planners, health care providers (doctors, registered nurses and mental health care workers), and medical response team volunteers, as well as interviews with key stakeholders. An amazing 64,888 registered volunteers and an unknown number of spontaneous unregistered volunteers were identified. Even though the research was completed in August just prior to the hurricanes, the final report was not delivered until afterwards and it ended up redirecting the definition of preparedness.

By early summer of 2005, activities supported the need for the PCC to “engage private sector resources in emergency responses; the need for pre-agreed policies and procedures for deploying medical resources; the need to reframe preparedness in terms of Texas needs – not HRSA or CDC needs.” A statewide volunteer plan was drafted in an effort to establish a system of volunteer medical/health care professionals and lay individuals who could be deployed whenever a public health emergency exceeded local resources or boundaries.

LESSONS LEARNED

Due to hurricane season 2005, early disaster response plans had been tested. As a result, PCC discussions shifted in October to focus on the issues and challenges of disaster preparedness just experienced – specifically regarding medical volunteers during hurricanes and even more specifically to licensure for out-of-state nurses and physicians; how to plan for spontaneous volunteers; shelter

concerns such as roles/responsibilities and training; travel and transportation; and the disconnect between public health infrastructure and hospitals.

One highly charged topic of discussion emerged: special needs populations. No agreed upon definition exists apparently for the special needs population other than it includes those whose health care needs can not be addressed in a general population evacuation shelter. General population shelters are designed to house the public without regard to age, gender or health conditions.

During the time surrounding the hurricanes, shelters were faced with the unanticipated or the over anticipated. Identification and tracking became problematic for many special needs patients. Bus loads of nursing home evacuees who could go no further without assistance showed up at general population shelters. In one reported incident a hospital was told to expect a bus load of patients who never arrived, consequently wasting a lot of resource. Long hours

Operational Concepts For Special Needs Evacuations

Special Needs Classification	Types of Special Needs Persons	Sheltering	Transportation of Special Needs Evacuees
Level 1	Persons dependent on others or in need of others for routine care (eating, walking, toileting, child under 18 without adult supervision)	Housed in a medical special needs shelter or special area within a general shelter.*	Mass transit (buses, trains, airplanes) or personal autos
Level 2	Persons with disabilities, i.e., blind, hearing impaired, amputee	Housed in a medical special needs shelter or special area within a general shelter.*	Mass transit or personal auto
Level 3	Persons needing assistance with medical care administration, monitoring by a nurse, dependent on equipment, assistance with medications, mental health disorders.	Housed in a medical special needs shelter or special area within a general shelter.*	Mass transit, personal auto, handicap bus
Level 4	Persons outside an institutional facility care setting who require extensive medical oversight (IV chemotherapy, ventilator, peritoneal dialysis, hemodialysis, life support equipment, hospital bed and total care, morbidly obese)	Housed in a medical special needs shelter or special area within a general shelter	Ground or air ambulance, mass transit or handicap bus
Level 5	Persons in institutional settings such as hospitals, long-term care facilities, assisted living facilities, state schools.	Housed in a medical special needs shelter or special area within a general shelter	Ground or air ambulance, mass transit or handicap bus

* Include care givers/family members with appropriate plans to care for family pets.

spent in idle vehicles along evacuation routes affected the health and safety of many evacuees, particularly the old and frail, and impacted health and medical services along the way. Tracking of patients – identification, family member contacts, medical information – proved difficult.


Following difficult lessons learned from Katrina and Rita, a Medical Special Needs Plan was drafted for Texas in April 2006 as part of an Emergency Management Plan. It established operational guidelines for caring for medical special needs individuals in the event of a disaster. While not all natural disaster or act of terrorism evacuees will require special medical attention, the drafted Medical Special Needs Plan assumes, at least one in six will. Even though all disasters are considered local, in the event of a large scale disaster, resources from across the state may need to be utilized so this operational plan for executing at the local, regional and state-wide level was developed. The plan in its entirety may be found at www.dshs.state.tx.us/preparedness/natural/hurricanes

In February of 2006, a Governor's

Task Force on Evacuation, Transportation, and Logistics submitted its final report to the governor. The task force appointees had been missioned with studying the evacuation outcomes of the hurricanes of 2005 and making recommendations that could improve the state's evacuation plans and ability to respond in future emergencies.

Within the five focus areas of the final report, Evacuation of People With Special Needs placed prominently. The task force findings revealed that the special needs population – the elderly, the homeless, those without transportation, and those with physical and/or mental disabilities and their caregivers – deserved “special plans and procedures to ensure their safety during an evacuation.” The report called for the need for local officials to identify and document their special needs population and to maintain a database of those citizens; for nursing homes and specialized facilities to be required to maintain an evacuation plan that is reviewed by an appropriate agency and updated annually; and that future

evacuation plans include emergency medical aid stations.

In the final report, pets were included within the Special Needs population having been some of the most compelling images and stories after the storms. It was recommended that shelters and transportation services be planned for and provided for pet owners during evacuations. 

References

In Case of Emergency Volunteers in Texas. Prepared by SUMA/Orchard Social Marketing, Inc. for the Texas Department of State Health Services for Public Health Preparedness, September 2005.

The Health and Medical Response to Hurricanes Katrina and Rita by the Texas Department of State Health Services, After Action Report. Prepared by Litaker Group, LLC, Austin, TX for Texas Department of State Health Services Center for Program Coordination, June 5, 2006. www.dshs.state.tx.us/DSHSAfterActionReport.pdf

State of Texas Hurricane Evacuation and Mass Care Plan, June 1, 2006, www.txdps.state.tx.us/dem/pages/downloadableforms.htm#hurrevac

State of Texas Medical Special Needs Plan, www.dshs.state.tx.us/preparedness/natural/hurricanes/

Task Force on Evacuation, Transportation and Logistics – Final Report to the Governor, February 14, 2006, www.governor.state.tx.us/divisions/press/files/EvacuationTaskForceReport.pdf