Handout for GETAC Medical Directors Committee; May 8, 2008

'On The Survivability of the Citizens of the State of Texas':

We recognize as we continue to discuss adapting standards of care under altered conditions, that there have been many discussions and protocols proposed and adapted for incidents involving CBRNE (chemical, biological, radiological, nuclear, and environmental) events. These protocols involve a declaration of disaster after an event, although preparation, planning, and education were ongoing prior. These do not lend themselves to wide-spread evacuation protocols unless warning of an imminent event occurs and usually is restricted to a proscribed area. Two events that lend themselves to more wide-spread preparation and planning involving the potential for mass movement of populations are hurricane evacuation and pandemic medical illnesses.

At this juncture the GETAC Disaster/Emergency Preparedness Task Force has sought to concentrate its efforts on those aspects related to hurricane evacuation in view of the upcoming and recurrent hurricane seasons. It is their desire to begin discussions on the aspects of medical pandemic at a point sometime after the onset of the next hurricane season. It is realized that there is a host of concerns in this regard related to the moral and ethical distribution of resources which may be in limited supply.

The issues at present related to the hurricane season are the evacuation and shelter of mass populations requiring continued medical care outside of their home environs and the potential for additional distribution of medical care to incoming populations.

Specific issues relate 1) to the sheltering in place of populations who are at the extremes of medical instability not allowing for movement from the environment, 2) to the speedy and expeditious discharge of persons from hospitals, nursing facilities and adult or pediatric living centers into the care of family or care givers for early transport away from the affected areas, 3) to planned evacuation of those persons still requiring ongoing medical care from hospital, nursing facilities, and living centers, by such conveyances that will ensure continuity of care til orderly arrival at an alternative facility can occur, 4) to the recognition and transport of homebound persons whom are partially able to sustain themselves but require ongoing oversight of specialized providers, and lastly 5) to those that do not have the wherewithal to get out of harms way.

It is recognized that within the State of Texas that Chief Medical Officers of facilities and Medical Directors of EMS, First Responders, and municipalities will play a pivotal role in the migration of peoples. It is further recognized that the respondents under such auspices will more than likely be volunteers willing to go into harms way to alleviate the pain and suffering of their fellow citizens. It must be recognized that by serving the communities that certain liabilities ensue and that at the moment of involvement one will not waiver in their responsibilities but that future litigation should be curtailed for acts of commission or omission which may not be recognized at the time of such urgency.

The Medical Directors Committee of the Governors EMS and Trauma Advisory Council under the auspices of the Department of State Health Services and the Governors Department of Emergency Management should be involved in all clinical and logistical operations of a comprehensive emergency services plan related to events involved in the displacement of persons during a hurricane event incorporating population specific needs as it relates to the well being of the citizens of Texas. Their accessibility is essential to the smooth transitions during such paradigm. A subcommittee of this group should be in continual communication during the evacuation and the following repatriation efforts.

Local emergency planners should identify local resources be they public or proprietary which may be of sufficient construction and capacity to shelter in place specific populations. EMS personnel and other volunteers can be used to staff such centers in addition to the Red Cross, Salvation Army, and Church based constituencies under the lead direction of a medical director in concert with leadership of the previously stated humanitarian organizations. Alternative transportation modalities, i.e., resources of the independent school districts and other proprietary organizations should be evaluated. Consideration needs to be given to the actual number of volunteers within the population setting who may avail themselves to be available to aid at such a time.

It is recognized that the State of Texas has already made available a specific number of EMS vehicles and buses to be used in the evacuation of populations in harms way, and memorandums of aide are already being utilized to call up volunteers within the ranks of the Emergency Medical Services. It is further recognized that during such an event the care of the sick and injured will continue to be addressed. Acute coronary syndromes, cerebral vascular accidents, vehicular and industrial traumas, as well as illnesses simple and complicated will still continue to be addressed by the Emergency Services. It is also recognized that evacuation will be ongoing from the facilities afore mentioned, commencing ninety-six to one-hundred twenty hours prior to the event. During this time it is planned to take persons out of hardened buildings to transfer to safer auspices some distance from their own locale. The expectations of the communities at this point is to give the same level of care as would be considered appropriate as if these persons remained in their prior facilities. It is therefore incumbent upon us to offer the same standards of care.

The immediate preceding considerations necessitate a dialogue be opened up between the Department of State Health Services, the Texas Hospital Association, those associations involved in extended care, and the Governors Department of Emergency Management. The State has already ordered one- hundred fifty jump bags and a certain number of AEDs. This stockpile will be woefully inadequate and will necessitate individual volunteers prepare their own equipment for deployment. It is the responsibility of the transferring facility to have an evacuation plan in effect and it is the transferring facility's obligation to ensure adequate care prior to the arrival at the receiving facility or center. It would therefore be prudent for the transferring facility to partner with the State auspices and the Emergency Medical Services in the equipping of the transport buses to the level of service required. It has been discussed and approved that each transferring bus have representatives from the transferring facility as well as EMS to assume care during the

transport. It is also already recognized that those persons meeting certain criteria be transported by ground ambulance or air medical equipment. It therefore behooves the respective auspices to identify durable equipment which can be loaned for the equipping of these conveyances as they are closing down and then returned to the offering facility upon repatriation. Non-durable equipment can be procured thru both facilities and emergency services. Each can be identified and stockpiled as applicable prior to an event. In so doing: 1) hospital transferring patients should stock their conveyances to the level of care they would enforce within their facility up to the level of an ALS vehicle, 2) nursing and extended care facilities should stock their conveyances to the level of care they would assume within their facility to the level of an ALS or BLS conveyance depending on their particular situation, 3) Home Health organizations should assure their conveyances are supplied to the level of care they need to contribute, and 4) for those persons not having the wherewithal to assume their own evacuation should at least be given the opportunity to be transported by conveyances equipped with the minimal level of BLS. Let us not be confused, planning for a day trip is twenty-four hours.

Alteration in the standard of care should only be considered when there is a just in time event to remove those persons from harms way. This will occur should evacuation be delayed to the thirty-sixth thru twenty-fourth hour. In this consideration there may not be adequate preparation to assure a standard of care above the basic transportation and the removal of persons from harms way.

The preceding will therefore reinforce the recommendation approved at the Medical Directors Committee of the Governors EMS and Trauma Advisory Council, forthwith:

“The Medical directors Committee of the Governors EMS and Trauma Advisory Council is empowered to make recommendations regarding the operative functions of EMS systems in the field to be adopted by the GETAC Council and directed to the Commissioner of the Texas Department of State Health Services for implementation. As part of this process the Medical Directors Committee must consider the consequences of its decisions on the communities of the State of Texas. It is therefore prudent for them to consider the best practices for the majority of the people it serves should a catastrophic event befall the citizenry of the State. It further recognizes that there are limitations to the resources that will be available and the dire consequences of such a shortfall. An ethical framework must guide recommendations allocating such limited resources providing for the care of patients and using these resources wisely. There are complex legal issues raised whence altered standards of care are adopted in the public domain. There are as yet untested circumstances and unforeseen consequences. It therefore behooves the Medical Directors Committee for the State of Texas to utilize their best judgment in the development of protocols for field operations consistent with good medical management based on the specific circumstances with respect to the local situation. It is recognized that in such situations appropriate equipment and supplies for optimal delivery of prehospital care may not be forthcoming and that previous well defined and appropriate interventions may have to be curtailed. It therefore must adopt policies and procedures that will benefit the best survivability of the majority of the population in question. To this end the Medical Directors Committee of the Governors EMS and Trauma Advisory

Council recommends that the EMS services in the State of Texas who in time of disaster find themselves in the circumstances where there may be limited resources and capacities for interventions use their best judgment in the distribution of said capabilities to maximize the best outcomes for the majority of the people served."

Forward thinking will recognize this as a work in evolution. It is not anticipated that this will become a process for this season. Hopefully we will weather another year successfully. But if we begin an earnest and sincere dialogue with all stakeholders concerned we will be able to see this concept reach fruition.

Other questions will then need to be answered. Some of which we already have the answer to. At what point do we no longer put our first responders and those in the emergency service sector in harms way, and when do we resume their responsibilities? How do we best harden our existing structures to protect those we cannot move? What structures can be designated to protect those with no where else to go? Can we stockpile sufficient supplies for those left till services can be restored? What processes are needed to be in effect to ensure our structures are ready for repatriation? What process needs to be in effect to ensure a safe and orderly repatriation? How do we deal with those who did not survive the event? How do we deal with the psychological effects on our responders and our citizens?

As future conditions are considered referencing medical pandemics, consideration must be given to alternate forms of transport, alternate centers for care, and protocols for the judicious use of ventilator support, i.e., NYS Workgroup on Ventilator Allocation in an Influenza Pandemic.

Frank discussions have begun and efforts must continue with the advice of our constituents to facilitate adapting standards of care under altered conditions.

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