ASPR TRACIE Technical Assistance Request

Requestor: [redacted]
Requestor Phone:
Requestor Email:
Request Receipt Date (by ASPR TRACIE): 15 March 2016
Response Date: 23 March 2016; updated response 28 March 2016
Type of TA Request: Standard

Request:

[redacted] asked if ASPR TRACIE had any resources or information on how patients with mental illnesses behaved in a facility evacuation situation. He noted that the state psychiatric hospital where he works has a written evacuation plan, and has acquired evacuation sleds that staff are being trained on how to use.

Response:

The ASPR TRACIE team searched for resources related to patients with mental illnesses and their behavior during disasters or evacuation situations and categorized findings into three sections. The first section includes various media resources and podcasts. The second section includes scholarly articles, such as evaluation and studies. The third section provides links to plans, tools, and templates that may prove helpful.

The ASPR TRACIE team would also like to provide the requestor with links to two relevant ASPR TRACIE Topic Collections: Healthcare Facility Evacuation/Sheltering and Mental/Behavioral Health.

In addition, the ASPR TRACIE Team reached out to our Subject Matter Expert Cadre (SME) members with expertise in the mental/behavioral health field to collect any resources or information they may have pertinent to this request. They provided the following opinions and anecdotal information:

SME Cadre Member 1

- Communicating the need for emergency evacuation among staff: The use of a fire alarm or an overhead announcement to communicate an evacuation command is known to cause panic and a sense of doom among patients with paranoia or post-traumatic stress disorder. A patient having this feeling may react violently against staff or seek to escape from the facility. To prevent this problem, most psychiatric hospitals make use of an alternative emergency communication system (dedicated telephone line, beeper, handheld device, or coded chime) which relays emergency communication to the staff, without arousing patient anxiety.
- Communicating the evacuation need to patients: Staff are trained to remain calm and not show signs of stress and anxiety during emergency. Staff need to inform the patients about the need to evacuate, and explain the associated plan and procedures. In this circumstance, staff need to assure those patients with mobility needs and those who have

cognitive deficits that they will be alright. Staff must stay with high-risk patients at all time because the fear of an emergency may elicit or exacerbate some mental/ behavioral health symptoms if reassurance through effective communication is not achieved.

- Frequent training and evacuation drills are very important in preparing staff for an emergency. A hospital should have routine mock evacuation practice and training in place.
- There are several stages of evacuation which can be implemented before a total evacuation. Sometimes, the patients can be moved to a safer area within the hospital or to a pre-determined secured area, where they can remain before final evacuation from the building.
- Accountability of staff, patients, and patients' medical record: While evacuating the patients, it is very important to also evacuate patient medical records such as the medication administration record and emergency medications (e.g., inhaler, epinephrine, and glucagon). Most hospitals have an emergency medication travel kit which staff must carry when evacuating patients.
- State psychiatric facilities have a diversified patient population. Patients are assessed upon admission into the facility, where staff should determine any specific requirements that should be met during an emergency. For example, a children's or adolescent unit might require additional staff during the emergency, and the plan should call for support personnel to help patients process what is happening during the disaster.

SME Cadre Member 2

- There are several considerations associated with evacuating patients with mental/behavioral health problems from a hospital:
    - Communication with staff and EMS agencies on their patients' diagnosis and any specific concerns.
    - Communication, strong partnership, and proper response with hospital security and local law enforcement.
    - A plan for evacuating currently restrained patients (e.g., how to safely confine patients to evacuation sleds).
    - Having adequate amounts of personal protective equipment.
    - Remove sharp objects; on staff, in evacuation routes, and at staging area outside of the hospital facility.
    - Remove alcohol-based hand sanitizer containers and wipes from the evacuation route.
    - Staff need to continue monitoring patients at risk of committing suicide during evacuation to prevent self-harm/access to harmful items.
    - Baker Act accountability – If, during an evacuation, a patient becomes unaccounted for, the hospital must locate and readmit them for treatment.
    - Patient privacy issues – Ensure that no one takes pictures of patients or their records during the evacuation.
    - The receiving facility must have the proper: training, staffing, bed capacity, facility architectural set-up, and ability to provide the proper level of care for patients with mental/behavioral health problems.

SME Cadre Member 3

- Given the specific needs of this patient population, facilities should identify alternate locations and receiving facilities ahead of a need to evacuate.
- Experiences around nursing home patient sheltering and placement might provide additional insights. Nursing homes have a high degree of patients with comorbid disorders—both medical and mental health and a combination of both. Some residents may also have neurological or cognitive issues that require additional considerations and care and therefore make placement more challenging.
- The forensic mental health population likely requires additional measures. Those patients who may be declared "mentally incompetent," those awaiting a mental health evaluation for competency, and those legally committed likely have additional requirements that need to be factored into the evacuation.

I. Media Articles, and Podcasts

Ford, E. (2013). Evacuation of Psychiatric Inpatients from Bellevue Hospital Post Hurricane Sandy. Psychiatric Times.

In this podcast Dr. Elizabeth Ford discusses her experience during the evacuation of psychiatric patients from Bellevue Hospital in Manhattan in the immediate aftermath of Hurricane Sandy. Sixty-one incarcerated psychiatric patients had to be evacuated from the 19th floor due to flooding and loss of electricity.

Haggerty, E. (2013). When Bellevue Had to Evacuate Its Criminally Insane. Bedford+Bowery.

This article describes Bellevue Hospital's experience during the evacuation of psychiatric patients after Hurricane Sandy. Sixty-one incarcerated psychiatric patients had to be evacuated from the 19th floor and transported to other facilities. During this evacuation patients were cooperative, which helped with the success of the evacuation.

Mogul, F. (2012). With Bellevue Psychiatric Unit Offline, Mentally Ill Face New Challenges. WNYC News.

This article describes the impacts from the temporary shut-down of Bellevue's psychiatric ward after Hurricane Sandy. In particular, questions were addressed about patient care and institutional transparency.

Nemethy, A. (2011). At Vermont State Hospital after Irene, Drama – and Many Questions. VTDigger.org.

This article discusses the evacuation of 51 psychiatric patients from Vermont State Hospital after Hurricane Irene. The experience was described as an "orderly chaos" as patients were evacuated and transported to other facilities.

II. Evaluation and Studies

Calderon-Abbo, J. (2008). The Long Road Home: Rebuilding Public Inpatient Psychiatric Services in Post-Katrina New Orleans. (See Attachment.) Psychiatric Services. Vol. 59, No. 3.

This article describes the clinical and administrative experiences of providing inpatient care in post-Katrina New Orleans, including the increased demand for programs to treat patients with co-occurring disorders, the expanded scope of practice for psychiatrists to include primary care, and ongoing staff shortages in a traumatized and displaced workforce. Lessons learned in regard to disaster planning and recovery are also discussed.

Kreinin, A., Shakera, T., Sheinkman, A.., et al. (2014). Evacuation of a Mental Health Center during a Forest Fire in Israel. (See Attachment.) Disaster Medicine and Public Health Preparedness. Vol. 8, No. 4.

The authors of this article describe the lessons learned from the evacuation of the Tirat Carmel Mental Health Center in Israel during the forest fire in December 2010. A total of 228 patients were successfully evacuated from the center within 45 minutes with no fatalities or injuries. The authors explain how the efficient functioning of the administrative and medical staff provided a replicable model that can contribute to the level of awareness and readiness of hospital staff members for natural and manmade disasters.

McClain, T.C., Hamilton, F.C., Clothier, J., et al. (2007). Opportunity Missed; A Lesson Learned From Evacuating Mentally Ill Patients Following Hurricanes Katrina and Rita. Academic Psychiatry. 31:3.

The authors of this article explain the experiences and lessons learned from evacuating the Central Arkansas Veterans Healthcare System following Hurricanes Katrina and Rita. A large number of seriously mentally ill veterans were evacuated to temporary facilities, which were not capable and equipped to handle these patients. This article provides suggestions for enhancing resident education and opportunities to be better prepared.

Person, C., and Fuller, E.J. (2007). Disaster Care for Persons with Psychiatric Disabilities: Recommendations for Policy Change. (See Attachment.) Journal of Disability Policy Studies. Vol 17, No. 4, pp. 238-248.

The authors of this article conducted a literature search of studies published in three widely used databases and identified only 12 resources related to the management of persons with psychiatric disabilities after disasters (both natural disasters and acts of terrorism). Upon analysis of the literature, the authors determined that many individuals with psychiatric disabilities demonstrate an ability to handle the stress of a disaster without decompensation from their primary illness. However, individuals with severe mental illness (SMI) can experience posttraumatic stress disorder, depression, anxiety, and illness exacerbation after disaster.

Petinaux, B., and Yadav, K. (2013). Patient-driven Resource Planning of a Health Care Facility Evacuation. (See Attachment.) Prehospital and Disaster Medicine. 28(2): 120-6.

The authors of this article conducted a cross-sectional survey of charge nurses of the clinical units in an urban, academic, adult trauma health care facility (HCF) to assess the evacuation needs of hospitalized patients periodically over a two-year period. The HCF had 339 beds; 18 of those were in the psychiatry unit. The psychiatry unit was determined to be one of several units that had low evacuation needs, and had a high number of patients who could walk out of the facility. However, the authors noted that the evacuation of these patients may still be labor-intensive as the condition of patients may deteriorate under the additional stress or require one-on-one supervision.

Rimstad, R. and Holtan, A. (2015). A Cross-sectional Survey of Patient Needs in Hospital Evacuation. (See Attachment.) Journal of Emergency Management. 13(4): 295-301.

The authors of this article conducted a cross-sectional survey of inpatient needs in the event of a total hospital evacuation within a few hours to aid in the development of contingency plans. Results indicated that patients in psychiatric wards and high dependency units had distinctly different needs than patients in ordinary somatic wards.

Sporty, T., Breslin, L, and Lizza, P. (1979). The Emergency Evacuation of a Psychiatric Hospital. (See Attachment.) The Journal of Social Psychology. 107, 117-123.

The authors of this article describe the experience and lessons learned after an evacuation of the South Beach Psychiatric Center (Staten Island, NY) as a result of imminent flood conditions expected from a hurricane. The evacuation included 200 inpatients to a state developmental center five miles away. The article addresses patient behavior during the evacuation. **NOTE**: This article is outdated but may still contain relevant information.

Thomas, J., and Lackey, N. (2008). How to Evacuate a Psychiatric Hospital: A Hurricane Katrina Success Story. (See Attachment.) Journal of Psychosocial Nursing and Mental Health Services. Jan;46(1):35-40.

This article describes the successful evacuation of an entire psychiatric hospital from New Orleans, Louisiana, to Memphis, Tennessee. The evacuation occurred shortly before Hurricane Katrina struck New Orleans and included 73 adult, adolescent, and child acute psychiatric patients. Thirty-five staff members also participated in the evacuation with their families and pets. This report is significant because little is known about how to implement a disaster plan that involves the transport of an entire psychiatric hospital to another city. The knowledge gained can also benefit psychiatric nurses and their organizations when establishing or modifying their disaster plans.

Wapling, A., Heggie, C., Murray, V., et al. (2009). Review of Five London Hospital Fires and Their Management: January 2008 - February 2009. NHS London.

This report addresses the actions taken, including evacuation of facilities, and lessons learned from five major hospital fires that occurred in London over a 13 month period. Event #4 in the Incident Report (Section 5.7) discusses the lessons learned and

experiences from the evacuation of the Chase Farm Hospital (a medium secure psychiatric unit) on October, 15 2008.

III. Plans, Tools, and Templates

American Red Cross and U.S. Department of Health and Human Services. (2007). Initial Intake and Assessment Tool.

This tool can help shelter staff more effectively understand and meet the needs of disaster survivors who need shelter care.

American Red Cross and U.S. Department of Health and Human Services. (2008). Instructions for Use: Initial Intake and Assessment Tool.

The goal of this publication is to explain how to complete the initial intake and assessment tool in general population shelters.

Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2012). Planning for Psychiatric Patient Movement during Emergencies and Disasters. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

This tip sheet can help healthcare providers plan to relocate patients receiving psychiatric care in the event of an emergency. It includes a list of questions for planners and healthcare providers that can help with planning efforts.

Louisiana State University (LSU) Health Shreveport, Psychiatric Unit. (2013). Psychiatric Policy 10.1.

The purpose of this policy document is to inform staff about the correct procedures and precautions that should be taken in the event of a fire or evacuation of the psychiatric unit as LSU Health Shreveport.

Minnesota Department of Health. (2012). Emergency Sheltering, Relocation, and Evacuation for Healthcare Facilities.

This emergency sheltering and evacuation template can be tailored by facility emergency planners. It includes 10 appendices on topics such as relocation, hospital incident command, and supplies.