Inter and Intra Health Authority Relocation: Operational

BC Care Providers Association

May 29

HEMBC Health Emergency Management

Agenda

Welcome and introductions

- Land acknowledgment
- Housekeeping
- Introductions

Objectives

Modules

1. Overview
2. Activation
3. Evacuation preparedness
4. Transportation
5. Reception preparedness

Discussion and closing

Housekeeping

- Exercise the evacuation processes and structures
- Designed to promote free and open exchange of ideas and provide opportunities for improvement
- Problem solve
- Improve staff confidence in dealing with relocations
- This is a safe environment
- No time pressures, low stress

Introductions

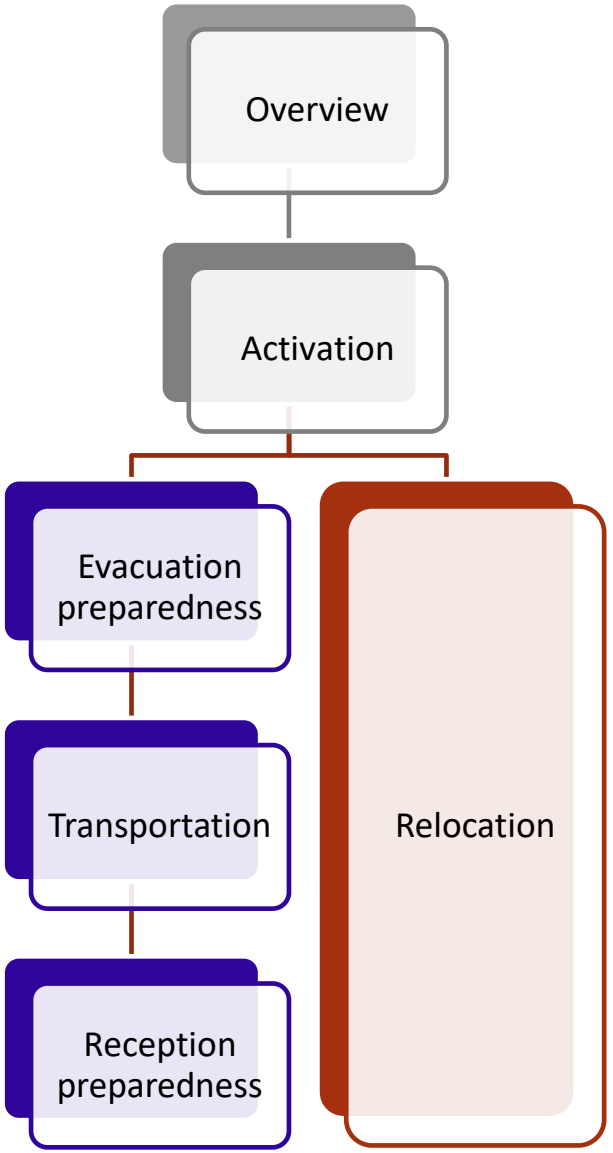
Background

- During the month of August 2021, BC Wildfire Service issued multiple community-level **evacuation alerts and orders.**
- At the discretion of a regional health authority, several health care sites were evacuated within and to other health authorities.
- **780 residents from long-term care (LTC), assisted living (AL), and independent living (IL)** sites were evacuated during the week of August 15 from the Interior Health region to the Lower Mainland.
- A provincial HEMBC project team was established focused on inter- and intra- health authority movement of LTC, AL and IL evacuees.

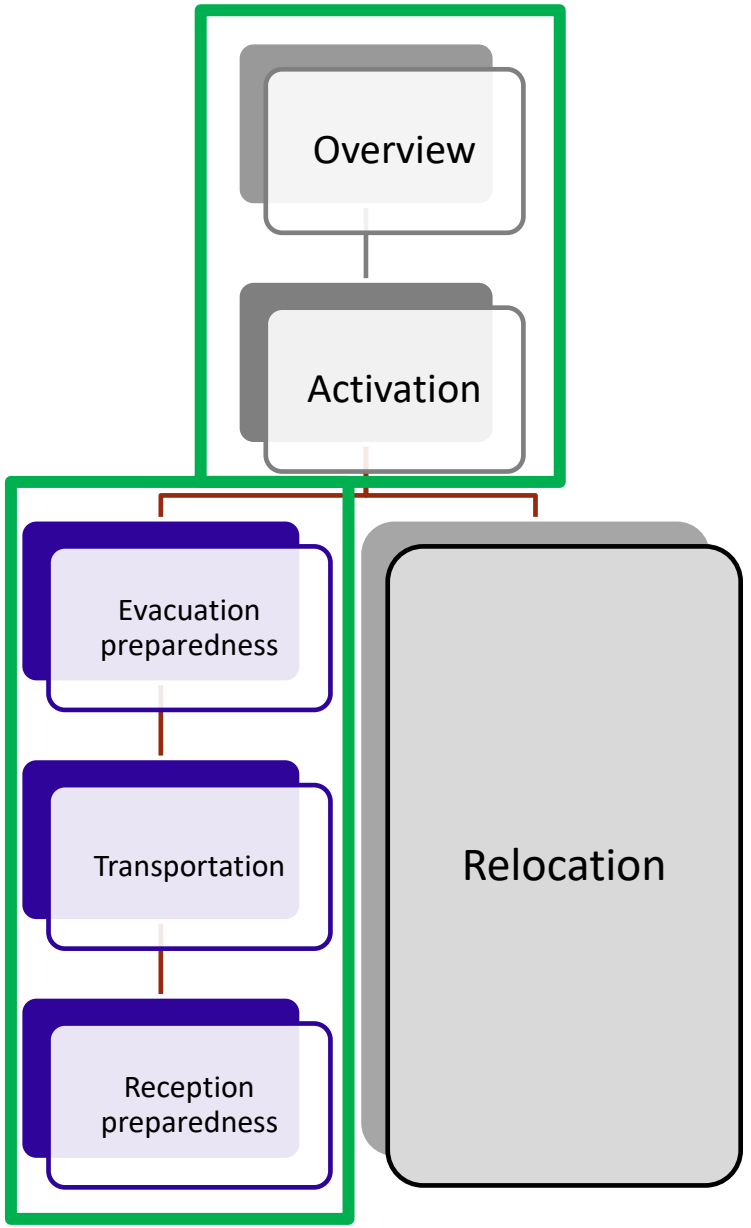
Today’s objectives

- Understand **the tools and processes** that are available to support you in the evacuation of patient/residents during inter- and intra-health authority relocation
- Ensure a **patient/resident-centered and risk-based approach** is embedded throughout evacuation, transportation, and reception
- Increase your **preparedness as a potential sending or receiving** site and **improve your confidence** when dealing with evacuations
- Clarify **roles and responsibilities** for stakeholders involved in supporting evacuations
- Facilitate **communication** within and between responding partners, as well as affected communities and families

Format


Overview
Activation
Evacuation preparedness
Transportation
Reception preparedness
Relocation

Format


Overview
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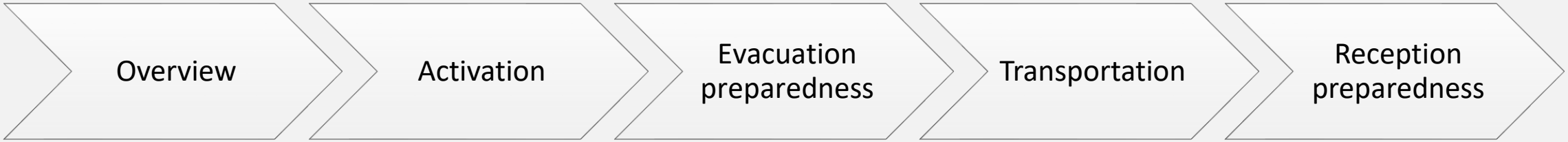
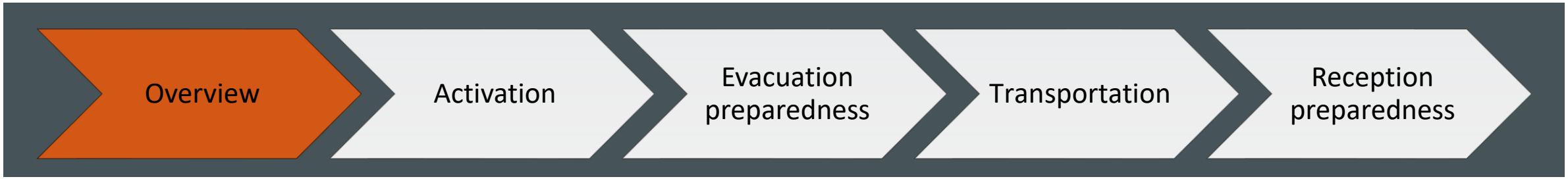
Modules - Overview

- Overview
- Activation
- Evacuation preparedness
- Transportation
- Reception preparedness



OVERVIEW

MODULE 1



Module 1: Overview

Goals

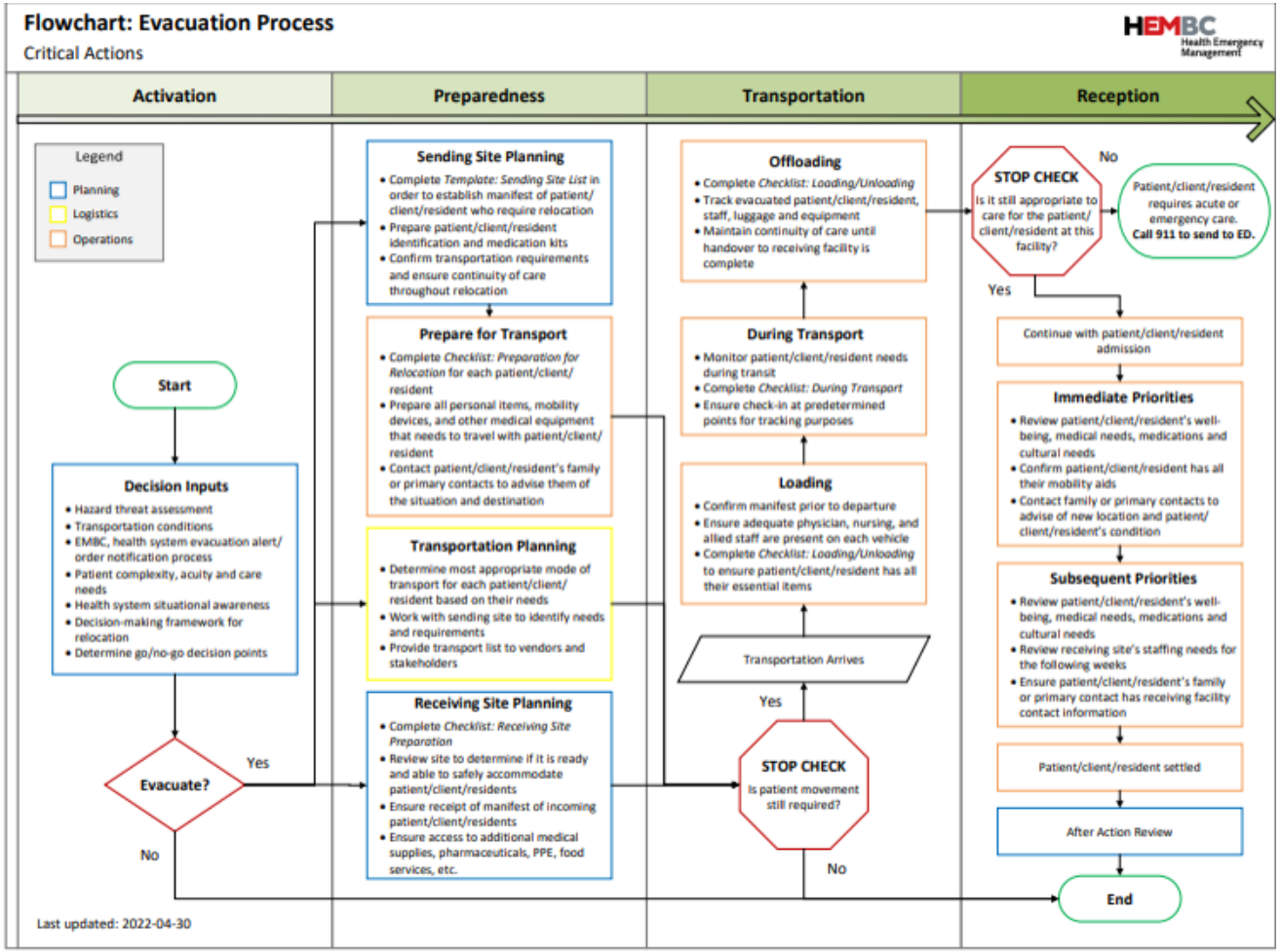
- To understand the process of evacuation from both the operations and patient/resident's perspectives
- General overview of the evacuation process
- For urgent, short notice evacuations

Tools

- Flowchart: Evacuation process
- Flowchart: Evacuee process

Module 1: Overview

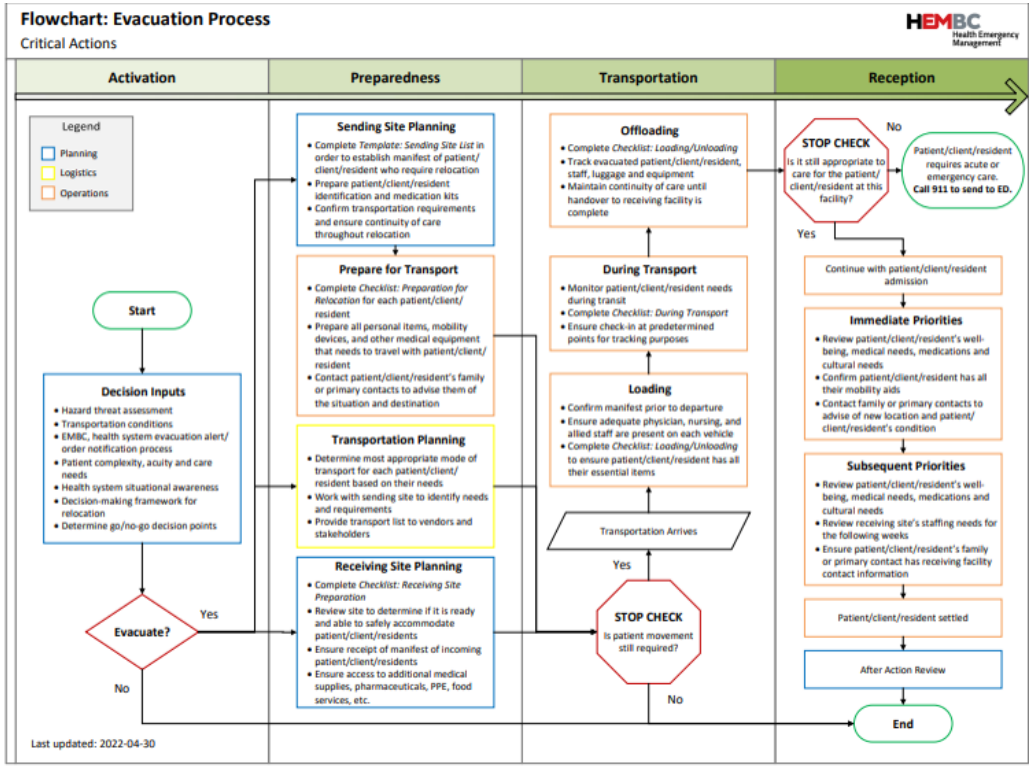
Flowchart: Evacuation process



Module 1: Overview

Flowchart: Evacuation process

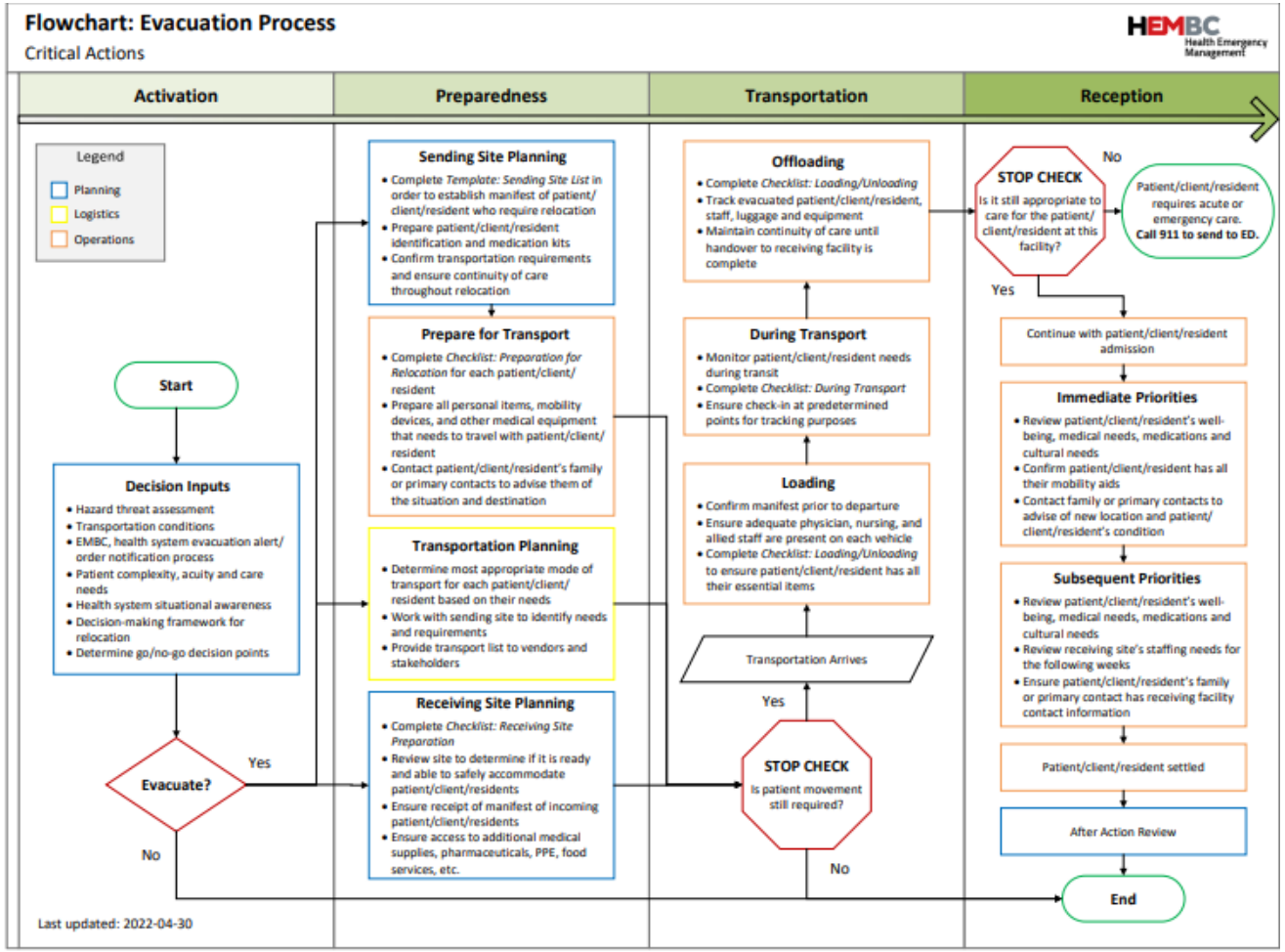
- **What:** Visual map of the full process of evacuation, including critical actions that need to take place at every phase
  - Reference tool
- **Who:** Everyone
- **When:** Can be referred to during education, seasonal review of plans, and when and evacuation/relocation alert or risk is in effect



Module 1: Overview

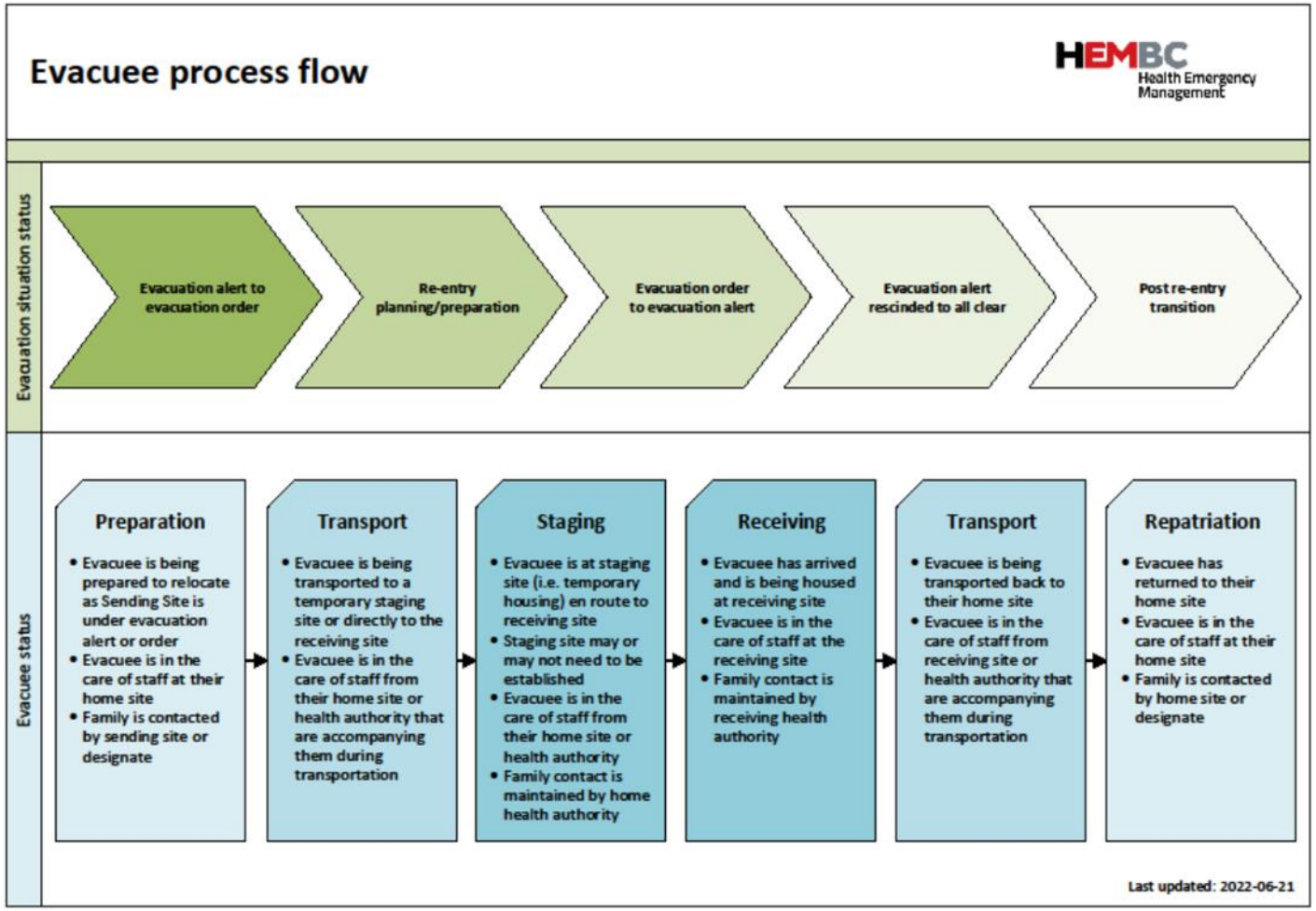
Flowchart: Evacuation process

- Evacuation process:
  - Activation
  - Preparedness
  - Transportation
  - Reception
- Components:
  - Planning
  - Logistics
  - Operations
  - Stop checks



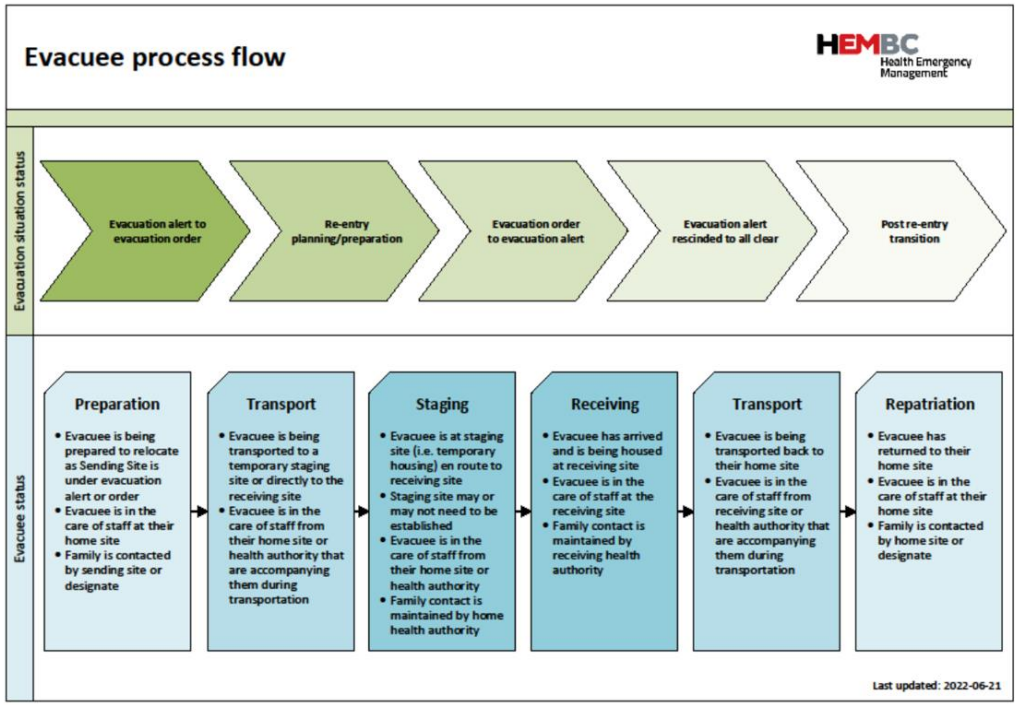
Module 1: Overview

Flowchart: Evacuee process



Flowchart: Evacuee process

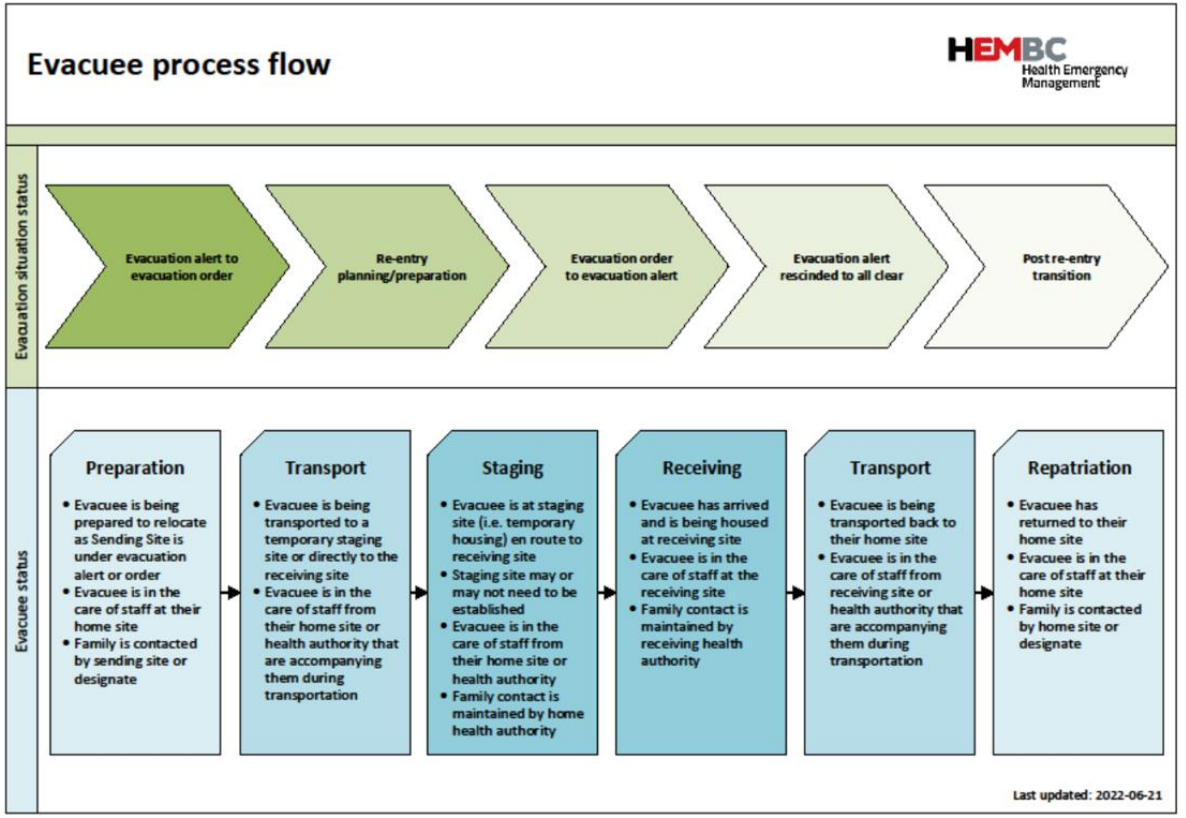
- **What:** Visual map from the perspective of the evacuee; identifies how they are moving through the evacuation process
  - Reference tool
- **Who:** Everyone
- **When:** Can be referred to during education, seasonal review of plans, and when an evacuation/relocation alert or risk is in effect



Module 1: Overview

Flowchart: Evacuee process

- Evacuee moves from sending site to a receiving site
- May or may not stop at one or more “staging areas” in between sending and receiving site
- Once risk is reduced (i.e. evacuation order rescinded), can be repatriated back to original site



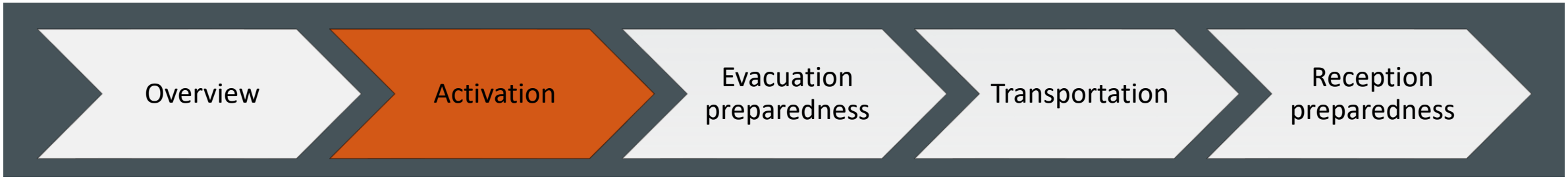
Module 1: Overview

Review

Which resources would you use to help you better understand the evacuation process?

ACTIVATION

MODULE 2



Module 2: Activation

Goals

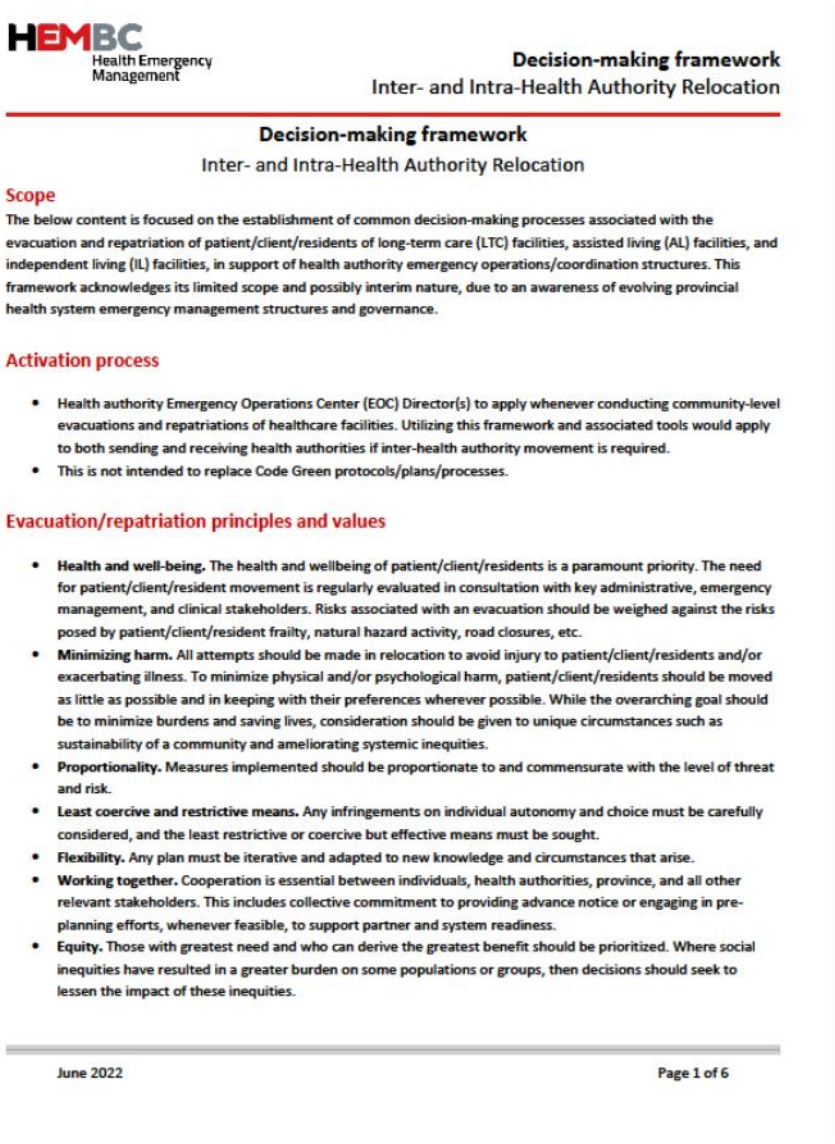
- To understand the tools that are available to support you during **activation** of an evacuation
- Build understanding of partners and collaborators required to evacuate
- Utilize a **patient/resident-centered, risk-based approach** throughout the activation phase

Tools

- Decision-making framework
- Roles and responsibilities

Module 2: Activation

Decision-making framework



HEMBC Health Emergency Management

Decision-making framework

Inter- and Intra-Health Authority Relocation

Scope

The below content is focused on the establishment of common decision-making processes associated with the evacuation and repatriation of patient/client/residents of long-term care (LTC) facilities, assisted living (AL) facilities, and independent living (IL) facilities, in support of health authority emergency operations/coordination structures. This framework acknowledges its limited scope and possibly interim nature, due to an awareness of evolving provincial health system emergency management structures and governance.

Activation process

- Health authority Emergency Operations Center (EOC) Director(s) to apply whenever conducting community-level evacuations and repatriations of healthcare facilities. Utilizing this framework and associated tools would apply to both sending and receiving health authorities if inter-health authority movement is required.
- This is not intended to replace Code Green protocols/plans/processes.

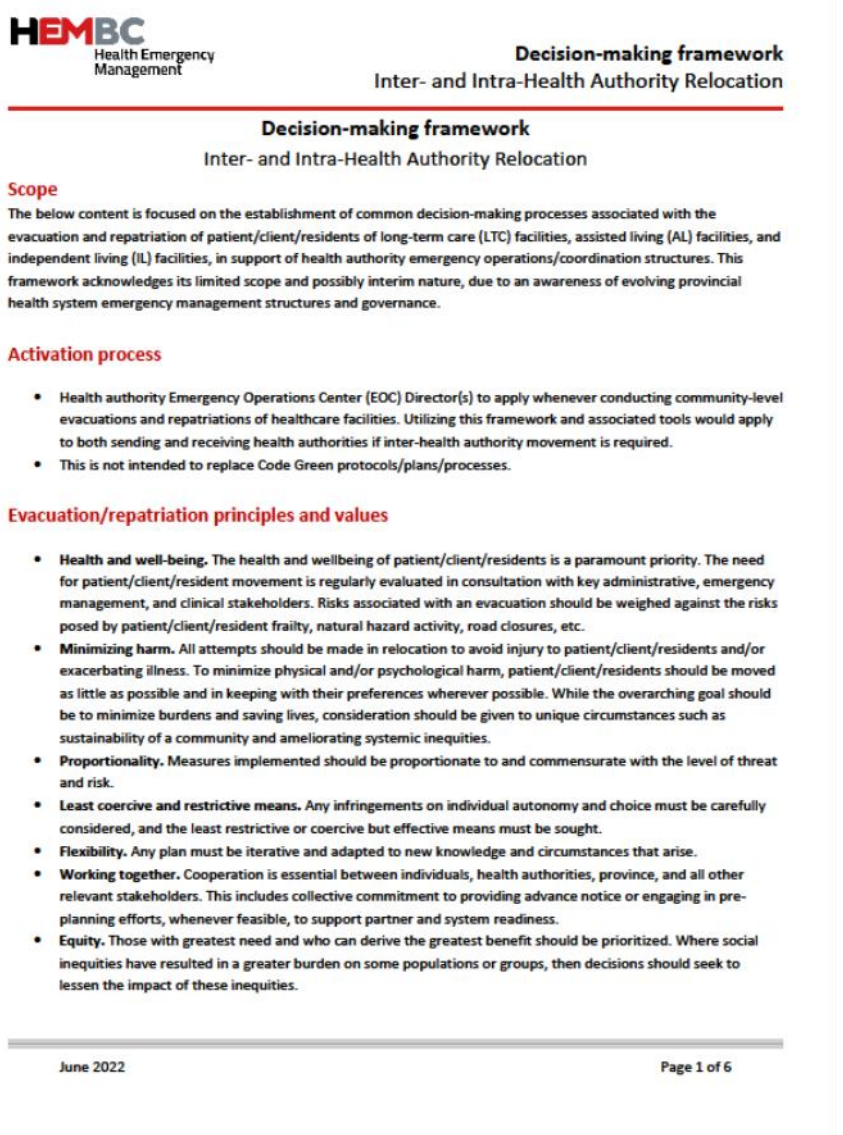
Evacuation/repatriation principles and values

- **Health and well-being.** The health and wellbeing of patient/client/residents is a paramount priority. The need for patient/client/resident movement is regularly evaluated in consultation with key administrative, emergency management, and clinical stakeholders. Risks associated with an evacuation should be weighed against the risks posed by patient/client/resident frailty, natural hazard activity, road closures, etc.
- **Minimizing harm.** All attempts should be made in relocation to avoid injury to patient/client/residents and/or exacerbating illness. To minimize physical and/or psychological harm, patient/client/residents should be moved as little as possible and in keeping with their preferences wherever possible. While the overarching goal should be to minimize burdens and saving lives, consideration should be given to unique circumstances such as sustainability of a community and ameliorating systemic inequities.
- **Proportionality.** Measures implemented should be proportionate to and commensurate with the level of threat and risk.
- **Least coercive and restrictive means.** Any infringements on individual autonomy and choice must be carefully considered, and the least restrictive or coercive but effective means must be sought.
- **Flexibility.** Any plan must be iterative and adapted to new knowledge and circumstances that arise.
- **Working together.** Cooperation is essential between individuals, health authorities, province, and all other relevant stakeholders. This includes collective commitment to providing advance notice or engaging in pre-planning efforts, whenever feasible, to support partner and system readiness.
- **Equity.** Those with greatest need and who can derive the greatest benefit should be prioritized. Where social inequities have resulted in a greater burden on some populations or groups, then decisions should seek to lessen the impact of these inequities.

Module 2: Activation

Decision-making framework

- **What:** Decision-making framework to support leaders when making the decision **whether or not to evacuate** (i.e. go or no-go)
  - Reference document
  - Provides considerations to support a consistent, ethical decision-making process
- **Who:** Leadership and operations; anyone who has to make the difficult decision to evacuate
- **When:** Evacuation alert or risk is in effect



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Module 2: Activation

Decision-making framework

- **Components:**
  - Evacuation/repatriation principles and values
  - Ethical decision-making process
  - Assumptions and risk mitigation
  - Stop checks
  - Responsibility Assignment Matrix (RACI)

Responsibility Assignment Matrix (RACI)

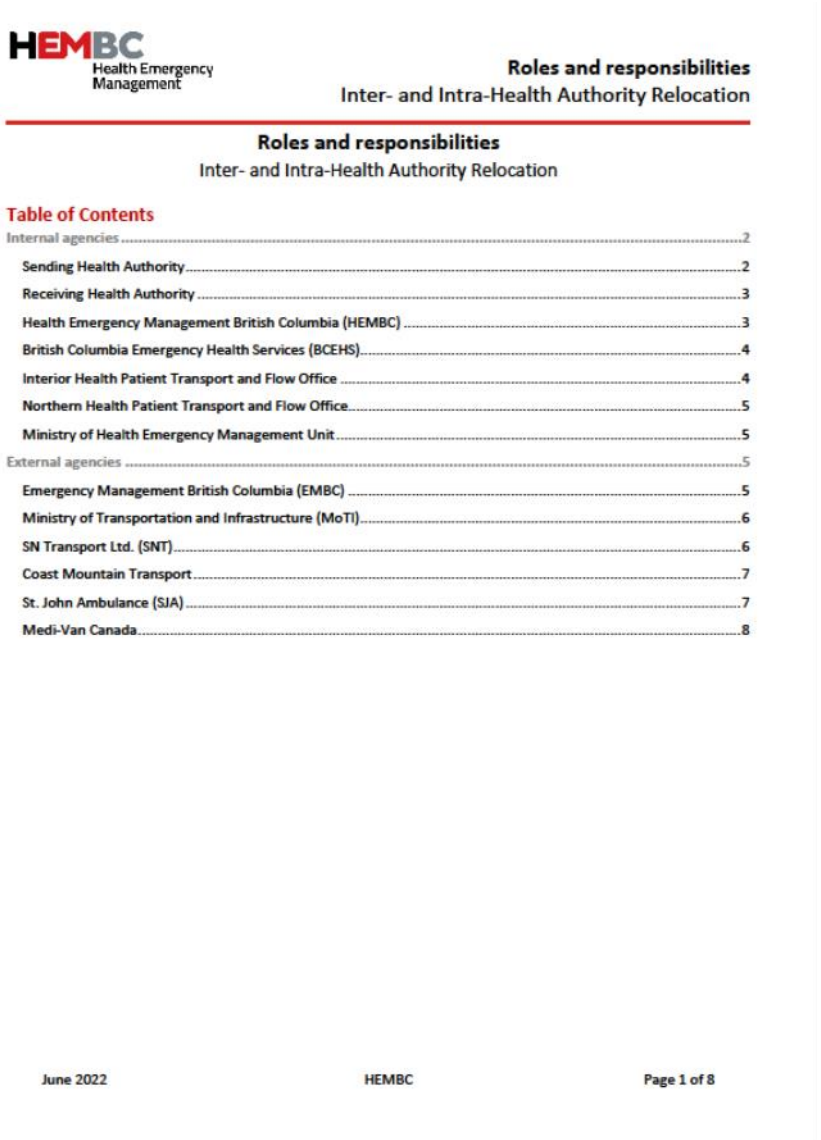
Role* **This is not an exhaustive list of stakeholders/roles.*	Responsible/ Recommender	Accountable/ Final approving authority	Consulted/ Counsel	Informed/ Informee
Ministry of Health/ Provincial Health Duty Officer				X
HEMBC				X
HA CEO(s)			X	
HA EOC Director(s)		X		
HA EOC Ops Section Chief(s)	X (prep overall)			
HA EOC Logistics Section Chief(s)	X (prep transport)			
HA Risk Management			X	
HA Communications				X
Medical Health Officers			X	
BC Emergency Health Services				X
River Forecast Centre/BC Wildfire Service/ Other subject matter experts			X	
Ministry of Transport and Infrastructure Liaison			X	
Regional PREOC				X
Site Manager(s)	X (prep each site)			
Site level clinical expertise (e.g. primary physician, charge nurse, etc.)	X (prep evacuees)			

RACI Definitions:

Responsible: Does the work to complete the task.
Accountable: Has ultimate control over the task, is accountable for its completion, and has final decision authority.
Consulted: Provides input, expertise, and advice to Responsible and Accountable members.
Informed: Needs to know of the decision or action.

Module 2: Activation

Roles and responsibilities



HEMBC Health Emergency Management

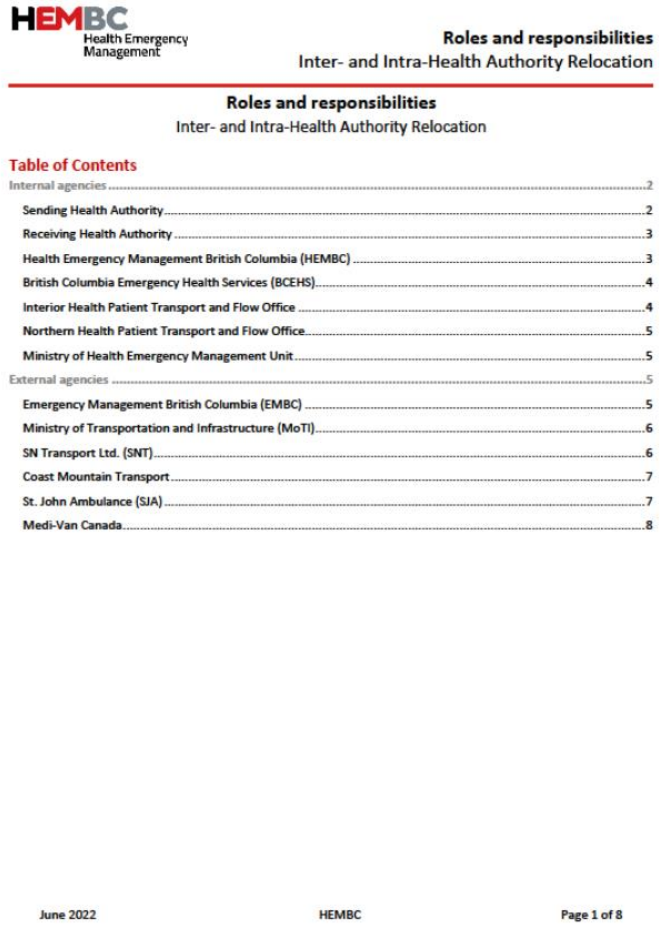
Roles and responsibilities
Inter- and Intra-Health Authority Relocation

Table of Contents

Module 2: Activation

Roles and responsibilities

- **What:** Overview of responsibilities of a variety of agencies that may be involved during an evacuation/relocation
  - Reference document
- **Who:** Internal and external agencies
- **When**: Review during seasonal review of evacuation plans; when evacuation alert/order is in place



HEMBC Health Emergency Management

Roles and responsibilities
Inter- and Intra-Health Authority Relocation

Roles and responsibilities
Inter- and Intra-Health Authority Relocation

Table of Contents

Module 2: Activation

Roles and responsibilities

- **Internal agencies:**
  - Sending health authority
  - Receiving health authority
  - Health Emergency Management British Columbia (HEMBC)
  - British Columbia emergency Health Services (BCEHS)
- **External agencies:**
  - Emergency Management & Climate Readiness BC (EMCR)
  - Ministry of Transportation and Infrastructure (MoTI)
  - SN Transport Ltd. (SNT)
  - Coast Mountain Transport
  - St. John Ambulance
  - Medi-Van Canada

Module 2: Activation

Review

Scenario:

BC Wildfire Service has issued several evacuation alerts near your site. Given the proximity, weather and transportation restrictions, your site/ health authority has to decide ***if*** the patient/client/residents should be evacuated from Interior Health into the Lower Mainland.

Questions:

1. What tool(s) would you use to help make your decision?
2. Who are the partners you should engage with at this time?

EVACUATION PREPAREDNESS

MODULE 3

Module 3: Evacuation preparedness

Goals

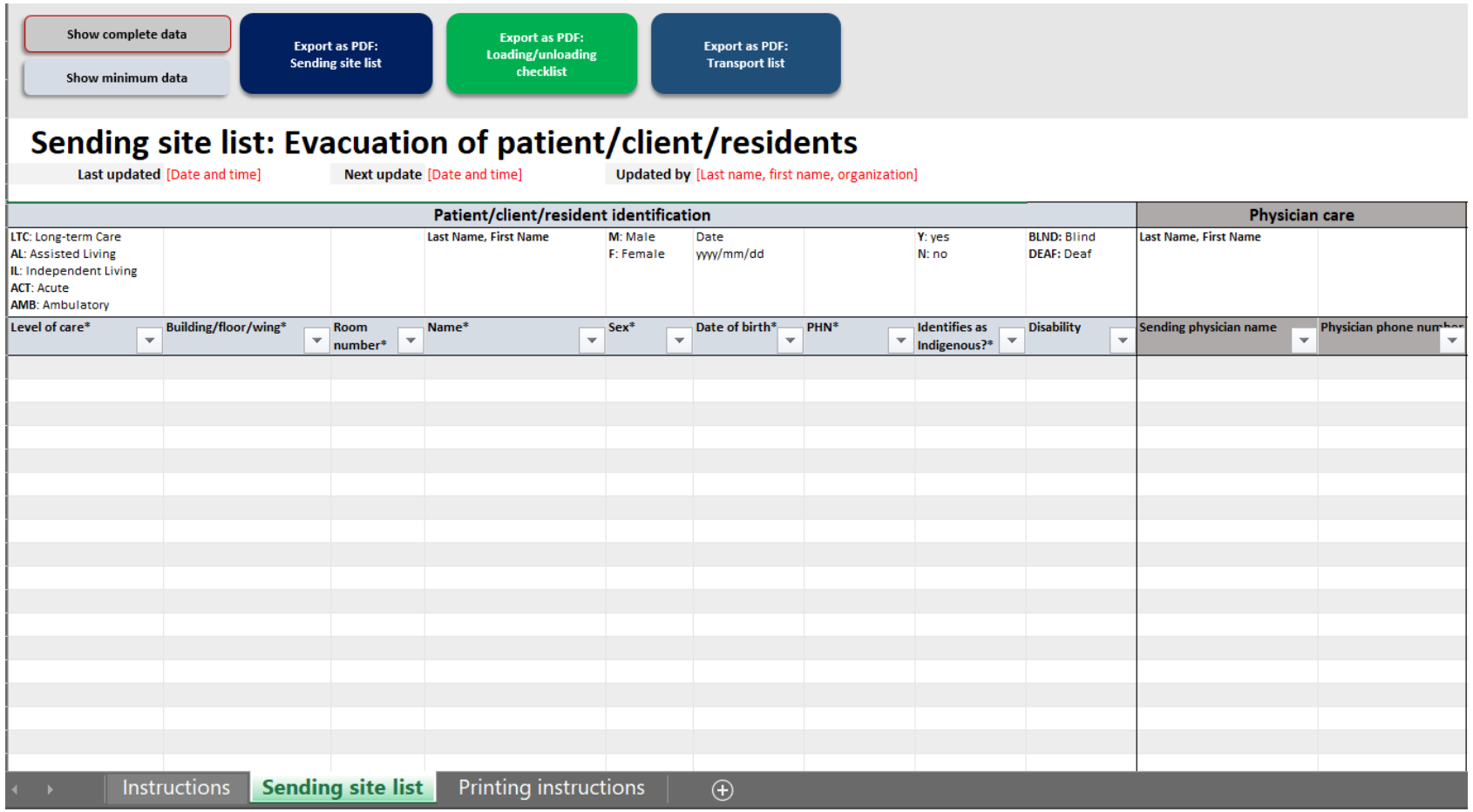
- To understand the tools that are available to support you while **preparing** patient/residents to evacuate
- Utilize a **patient/resident-centered, risk-based approach** throughout the preparation phase of an evacuation

Tools:

- Sending site list
- Checklist: Preparation for relocation
- Identification guide
- Job action sheet: Evacuation coordinator
- Considerations for staffing: Evacuation preparedness

Module 3: Evacuation preparedness

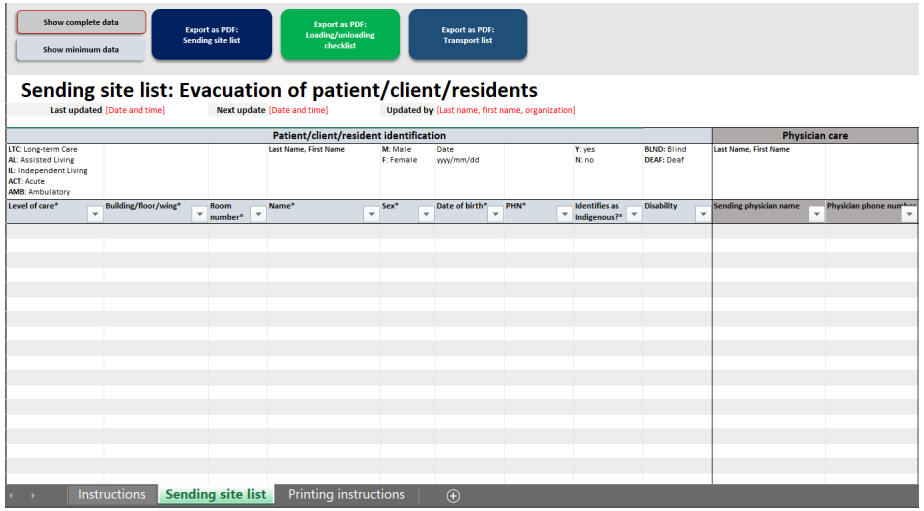
Sending site list



Module 3: Evacuation preparedness

Sending site list

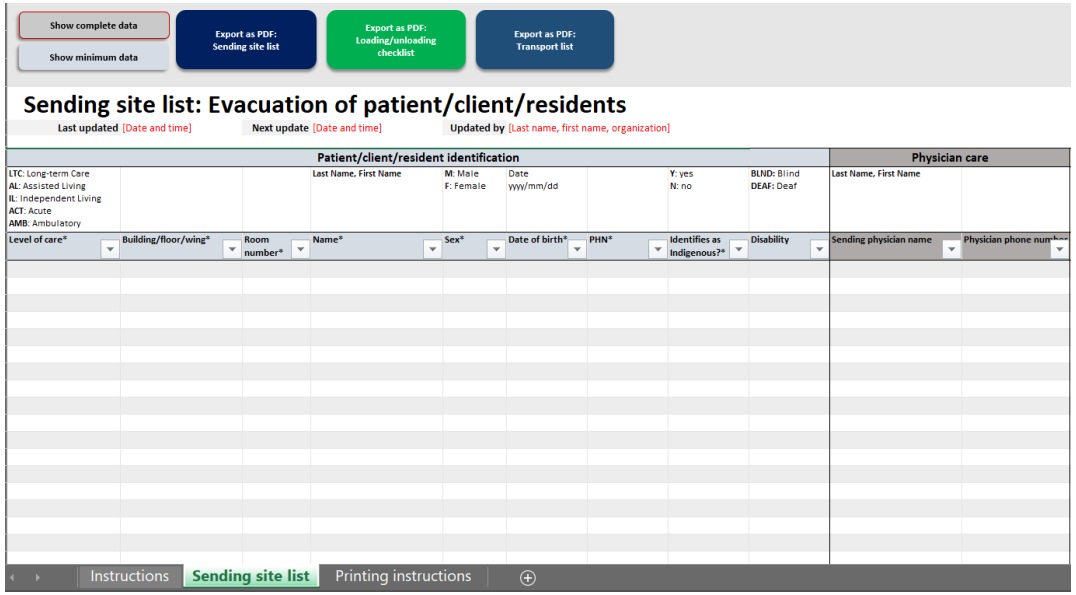
- **What:** List of all patient/residents that need to be evacuated, including pertinent mobility and clinical information
  - One (1) Sending site list per site
  - Identifies and tracks patient/residents that require evacuation
  - Helps match them to an appropriate receiving site
  - Helps determine the appropriate modes of transportation
  - Provides the receiving sites with a broad overview of the residents they will be receiving
- **Who:** Filled out by Sending site leader/designate
- **When:** Ideally, completed pre-emptively, i.e. at the start of the hazard season, and then updated regularly (i.e. bi-weekly if low turnover)



Module 3: Evacuation preparedness

Sending site list

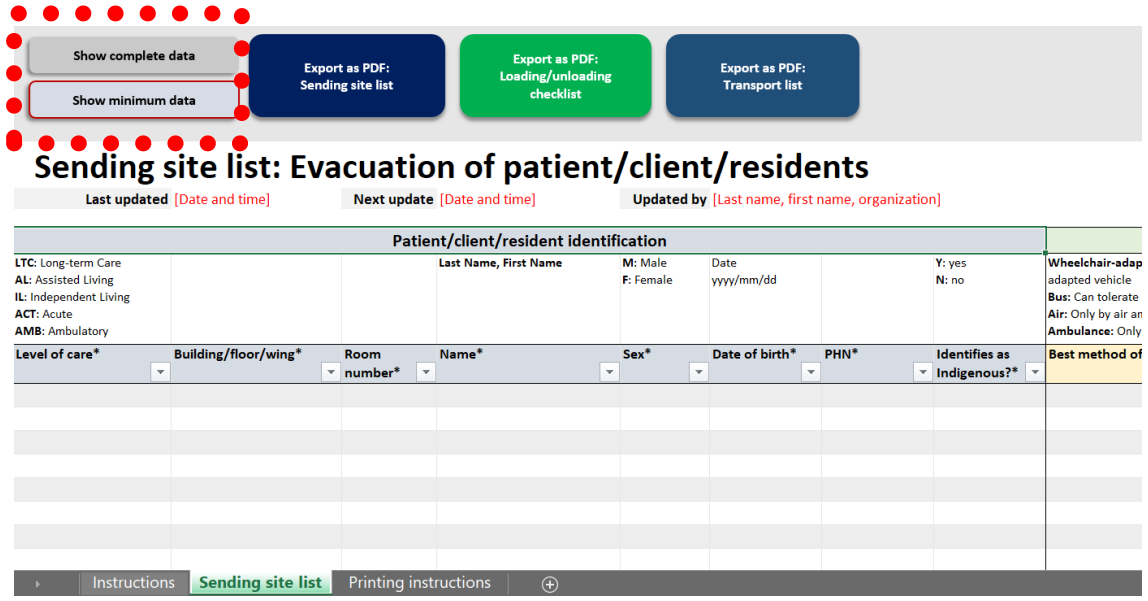
- **Overview of sections**
  - Demographic information
  - Recommended best mode of transport
  - Mobility assessment
  - Infection control precautions
  - Other clinical considerations
  - Behavioral considerations that may impact travel
  - Primary contact
  - Receiving information



Module 3: Evacuation preparedness

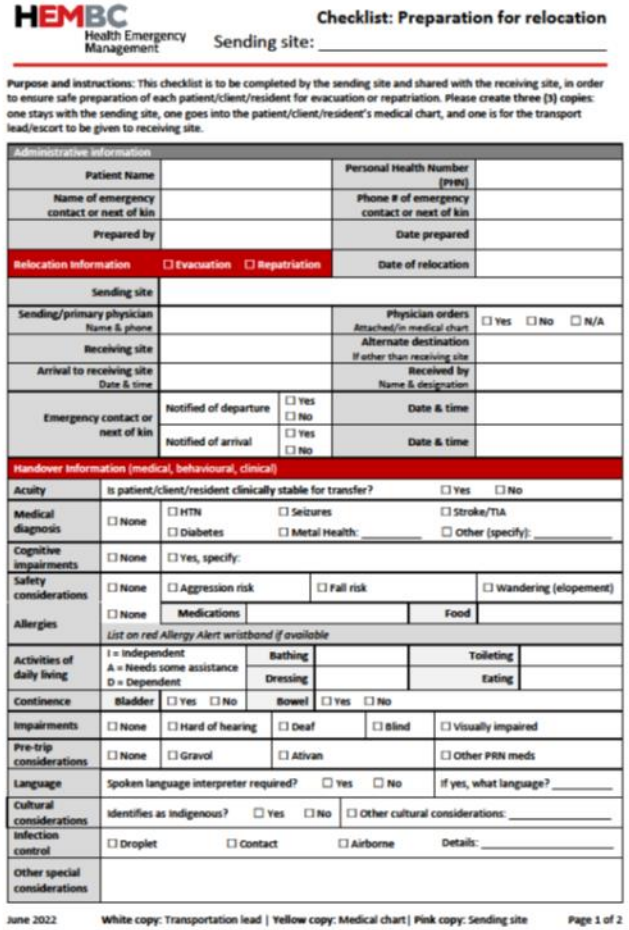
Sending site list – Minimum data set

- **What:** A shorter version of the full sending Site list that only contains the **minimum (i.e. less detail)** amount of information required to determine mode of transportation
- **Who:** Filled out by Sending site leader/designate
- **When:** Reserved only for the event that an urgent evacuation is required, the full sending site list has not been previously completed, and there is not enough time to do so



Module 3: Evacuation preparedness

Checklist: Preparation for relocation



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Checklist: Preparation for relocation

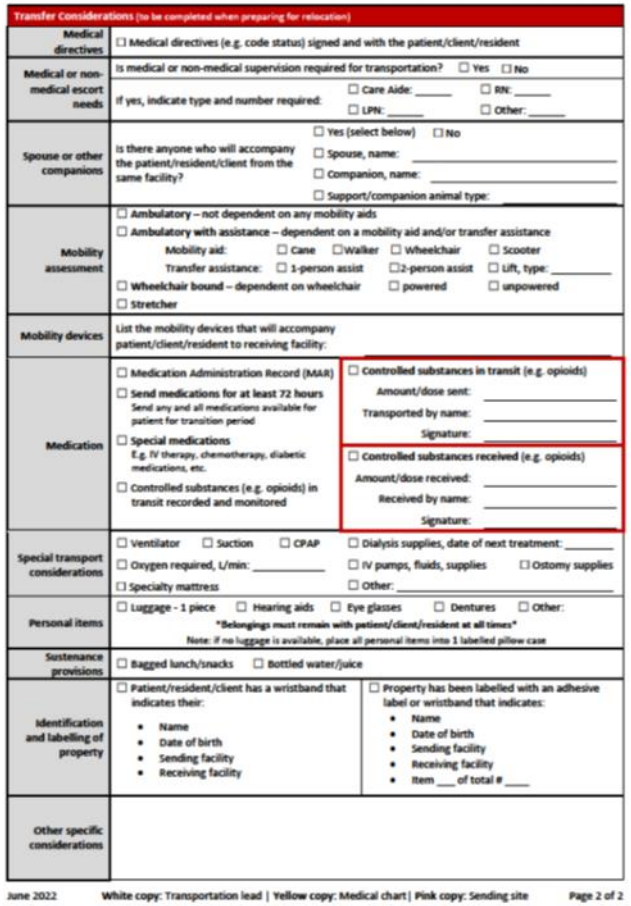
Sending site: _____

Purpose and instructions: This checklist is to be completed by the sending site and shared with the receiving site, in order to ensure safe preparation of each patient/client/resident for evacuation or repatriation. Please create three (3) copies: one stays with the sending site, one goes into the patient/client/resident's medical chart, and one is for the transport lead/escort to be given to receiving site.

Administrative information			
Patient Name		**Personal Health Number (PHN)**	
Name of emergency contact or next of kin		**Phone # of emergency contact or next of kin**	
Prepared by		**Date prepared**	
Relocation Information ☐ Evacuation ☐ Repatriation		**Date of relocation**	
Sending site			
Sending/primary physician Name & phone		**Physician orders** Attached/in medical chart	☐ Yes ☐ No ☐ N/A
Receiving site		**Alternate destination** If other than receiving site	
Arrival to receiving site Date & time		**Received by** Name & designation	
Emergency contact or next of kin	Notified of departure ☐ Yes ☐ No	**Date & time**	
	Notified of arrival ☐ Yes ☐ No	**Date & time**	

Handover Information (medical, behavioural, clinical)					
Acuity	Is patient/client/resident clinically stable for transfer? ☐ Yes ☐ No				
Medical diagnosis	☐ None	☐ HTN ☐ Diabetes	☐ Seizures ☐ Metal Health: _____	☐ Stroke/TIA ☐ Other (specify): _____	
Cognitive impairments	☐ None	☐ Yes, specify:			
Safety considerations	☐ None	☐ Aggression risk	☐ Fall risk	☐ Wandering (elopement)	
Allergies	☐ None	**Medications**		**Food**	
	List on red Allergy Alert wristband if available				
Activities of daily living	I = Independent A = Needs some assistance D = Dependent	**Bathing**		**Toileting**	
		Dressing		**Eating**	
Continence	**Bladder** ☐ Yes ☐ No	**Bowel** ☐ Yes ☐ No			
Impairments	☐ None	☐ Hard of hearing	☐ Deaf	☐ Blind	☐ Visually impaired
Pre-trip considerations	☐ None	☐ Gravol	☐ Ativan	☐ Other PRN meds	
Language	Spoken language interpreter required? ☐ Yes ☐ No			If yes, what language? _____	
Cultural considerations	Identifies as Indigenous? ☐ Yes ☐ No	☐ Other cultural considerations: _____			
Infection control	☐ Droplet	☐ Contact	☐ Airborne	Details: _____	
Other special considerations					

June 2022 **White copy:** Transportation lead | **Yellow copy:** Medical chart | **Pink copy:** Sending site Page 1 of 2



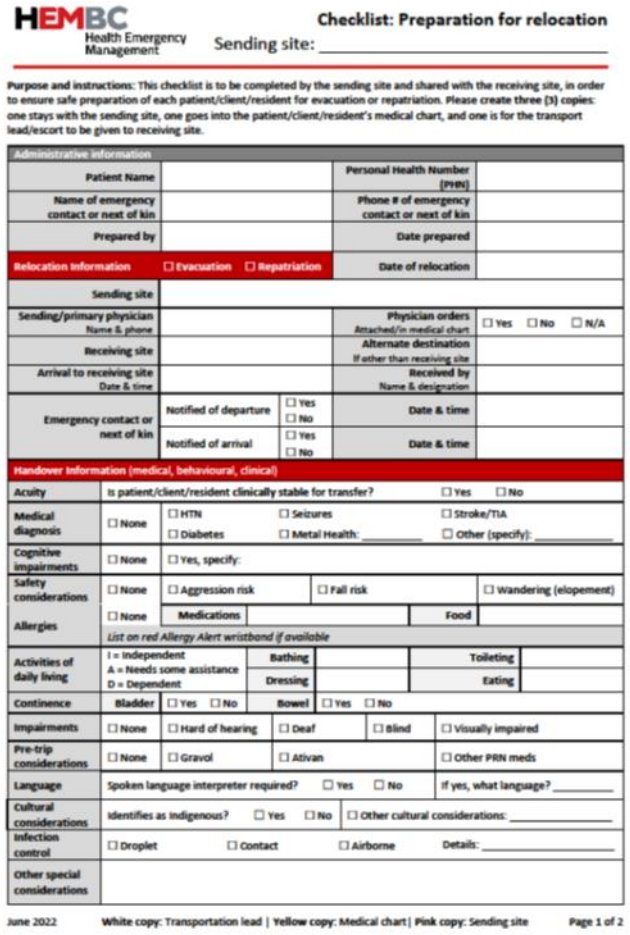
Transfer Considerations (to be completed when preparing for relocation)	
Medical directives	☐ Medical directives (e.g. code status) signed and with the patient/client/resident
Medical or non-medical escort needs	Is medical or non-medical supervision required for transportation? ☐ Yes ☐ No If yes, indicate type and number required: ☐ Care Aide: _____ ☐ RN: _____ ☐ LPN: _____ ☐ Other: _____
Spouse or other companions	Is there anyone who will accompany the patient/resident/client from the same facility? ☐ Yes (select below) ☐ No ☐ Spouse, name: _____ ☐ Companion, name: _____ ☐ Support/companion animal type: _____
Mobility assessment	☐ **Ambulatory** – not dependent on any mobility aids ☐ **Ambulatory with assistance** – dependent on a mobility aid and/or transfer assistance Mobility aid: ☐ Cane ☐ Walker ☐ Wheelchair ☐ Scooter Transfer assistance: ☐ 1-person assist ☐ 2-person assist ☐ Lift, type: _____ ☐ **Wheelchair bound** – dependent on wheelchair ☐ powered ☐ unpowered ☐ **Stretcher**
Mobility devices	List the mobility devices that will accompany patient/client/resident to receiving facility:
Medication	☐ Medication Administration Record (MAR) ☐ **Send medications for at least 72 hours** Send any and all medications available for patient for transition period ☐ **Special medications** E.g. IV therapy, chemotherapy, diabetic medications, etc. ☐ Controlled substances (e.g. opioids) in transit recorded and monitored ☐ **Controlled substances in transit** (e.g. opioids) Amount/dose sent: _____ Transported by name: _____ Signature: _____ ☐ **Controlled substances received** (e.g. opioids) Amount/dose received: _____ Received by name: _____ Signature: _____
Special transport considerations	☐ Ventilator ☐ Suction ☐ CPAP ☐ Dialysis supplies, date of next treatment: _____ ☐ Oxygen required, L/min: _____ ☐ IV pumps, fluids, supplies ☐ Ostomy supplies ☐ Specialty mattress ☐ Other: _____
Personal items	☐ Luggage - 1 piece ☐ Hearing aids ☐ Eye glasses ☐ Dentures ☐ Other: **"Belongings must remain with patient/client/resident at all times"** Note: If no luggage is available, place all personal items into 1 labelled pillow case
Sustenance provisions	☐ Bagged lunch/snacks ☐ Bottled water/juice
Identification and labelling of property	☐ Patient/resident/client has a wristband that indicates their: • Name • Date of birth • Sending facility • Receiving facility ☐ Property has been labelled with an adhesive label or wristband that indicates: • Name • Date of birth • Sending facility • Receiving facility • Item ___ of total # ____
Other specific considerations	

June 2022 **White copy:** Transportation lead | **Yellow copy:** Medical chart | **Pink copy:** Sending site Page 2 of 2

Module 3: Evacuation preparedness

Checklist: Preparation for relocation

- **What:** Checklist to facilitate preparation of residents for transfers in the event of an evacuation/repatriation
  - One (1) per each patient/resident being evacuated
  - Acts as a form of handover between clinical staff that may care for the resident during transfer or reception
  - Lists key items that must travel with the resident (i.e. their medication, mobility equipment, etc.)
  - Lists key actions required for safe resident transport (i.e. notifying their family, administering pre-transfer medications, etc.)
- **Who:** Sending facility; frontline clinical staff
- **When:** In preparation for evacuation/relocation



HEMBC Health Emergency Management

Checklist: Preparation for relocation

Sending site: _____

Purpose and instructions: This checklist is to be completed by the sending site and shared with the receiving site, in order to ensure safe preparation of each patient/client/resident for evacuation or repatriation. Please create three (3) copies: one stays with the sending site, one goes into the patient/client/resident's medical chart, and one is for the transport lead/escort to be given to receiving site.

Administrative information					
Patient Name			Personal Health Number (PHN)		
Name of emergency contact or next of kin			Phone # of emergency contact or next of kin		
Prepared by			Date prepared		
Relocation Information	☐ Evacuation ☐ Repatriation		Date of relocation		
Sending site					
Sending/primary physician Name & phone			Physician orders Attached/in medical chart	☐ Yes ☐ No ☐ N/A	
Receiving site			Alternate destination If other than receiving site		
Arrival to receiving site Date & time			Received by Name & designation		
Emergency contact or next of kin	Notified of departure	☐ Yes ☐ No	Date & time		
	Notified of arrival	☐ Yes ☐ No	Date & time		

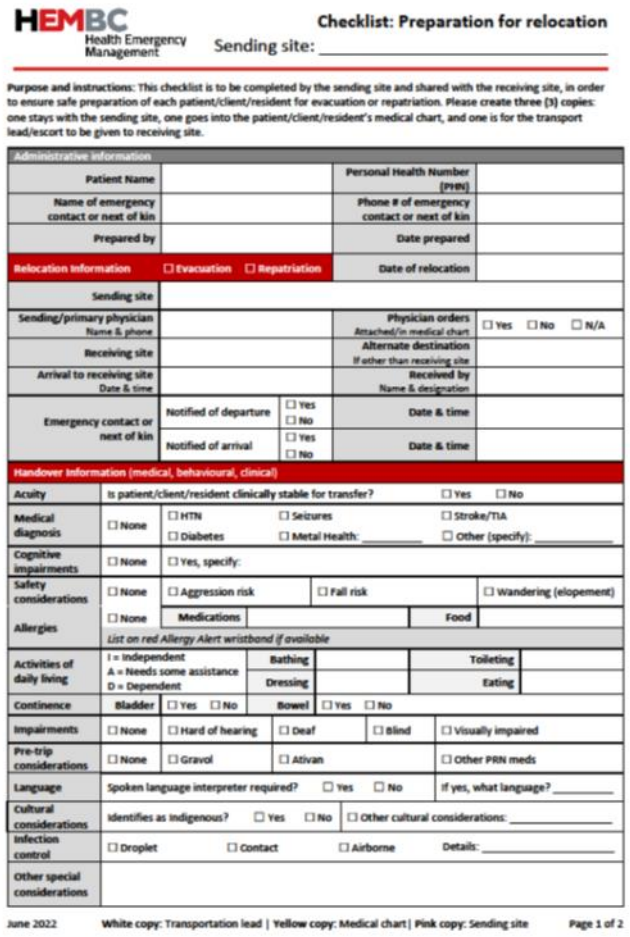
Handover Information (medical, behavioural, clinical)					
Acuity	Is patient/client/resident clinically stable for transfer? ☐ Yes ☐ No				
Medical diagnosis	☐ None	☐ HTN ☐ Seizures ☐ Stroke/TIA ☐ Diabetes ☐ Metal Health: _____ ☐ Other (specify): _____			
Cognitive impairments	☐ None	☐ Yes, specify:			
Safety considerations	☐ None	☐ Aggression risk	☐ Fall risk	☐ Wandering (elopement)	
Allergies	☐ None	Medications		Food	
	List on red Allergy Alert wristband if available				
Activities of daily living	I = Independent A = Needs some assistance D = Dependent	Bathing		Toileting	
		Dressing		Eating	
Continence	Bladder ☐ Yes ☐ No	Bowel ☐ Yes ☐ No			
Impairments	☐ None	☐ Hard of hearing	☐ Deaf	☐ Blind	☐ Visually impaired
Pre-trip considerations	☐ None	☐ Gravol	☐ Ativan	☐ Other PRN meds	
Language	Spoken language interpreter required? ☐ Yes ☐ No			If yes, what language? _____	
Cultural considerations	Identifies as Indigenous? ☐ Yes ☐ No	☐ Other cultural considerations: _____			
Infection control	☐ Droplet	☐ Contact	☐ Airborne	Details: _____	
Other special considerations					

June 2022 White copy: Transportation lead | Yellow copy: Medical chart | Pink copy: Sending site Page 1 of 2

Module 3: Evacuation preparedness

Checklist: Preparation for relocation

- Administrative information
- Transportation considerations
- Mobility and clinical considerations for transport
  - Prompt to provide any necessary pre-medication
- Mobility assessment and equipment
  - If they need to be accompanied or have a partner
  - Packing their medications, including controlled substances
  - Prompt to identify the resident with wristband, label their belongings
  - Pack any sustenance they might need



HEMBC Health Emergency Management

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Administrative information

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Name of emergency contact or next of kin		Phone # of emergency contact or next of kin	
Prepared by		Date prepared	
Relocation Information ☐ Evacuation ☐ Repatriation		Date of relocation	
Sending site			
Sending/primary physician Name & phone		Physician orders Attached/in medical chart	☐ Yes ☐ No ☐ N/A
Receiving site		Alternate destination If other than receiving site	
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	Notified of arrival ☐ Yes ☐ No	Date & time	

Handover information (medical, behavioural, clinical)

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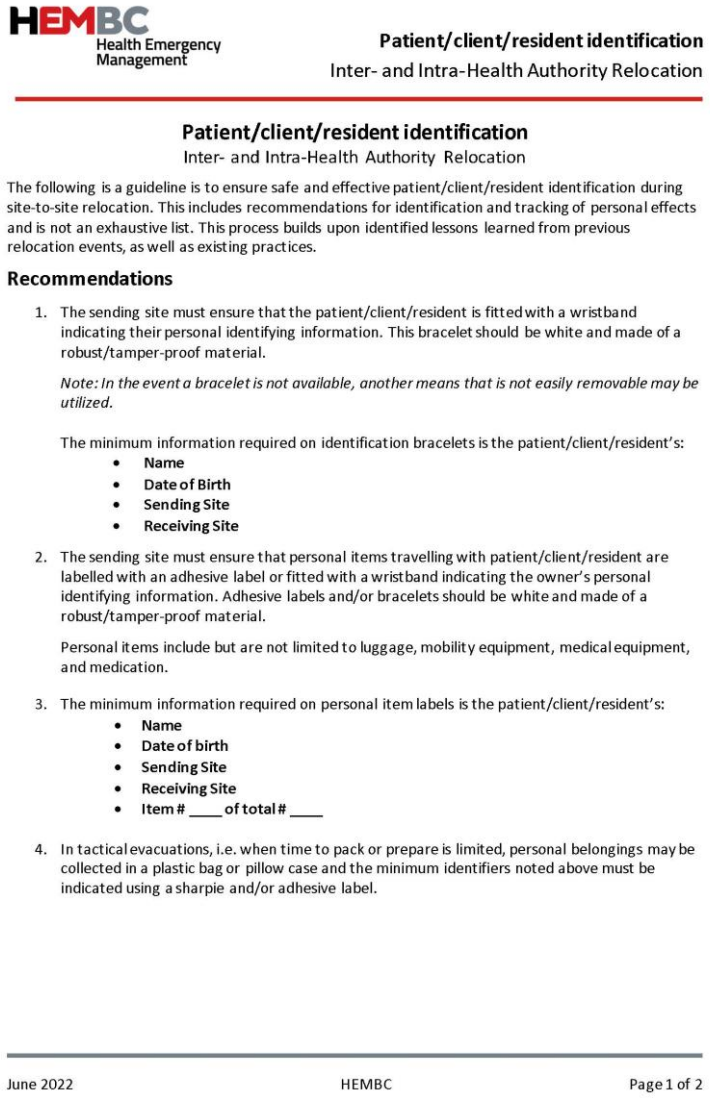
Infection control	☐ Droplet	☐ Contact	☐ Airborne	Details: _____	
Other special considerations					

June 2022 **White copy:** Transportation lead | **Yellow copy:** Medical chart | **Pink copy:** Sending site Page 1 of 2

Module 3: Evacuation preparedness

Identification guide

- **What:** Guideline for identification of patient/client/residents and tracking of their personal effects during evacuation/repatriation
  - Reference document
- **Who:** Sending facility; frontline clinical staff
- **When:** In preparation for evacuation/relocation



HEMBC Health Emergency Management

Patient/client/resident identification
Inter- and Intra-Health Authority Relocation

Patient/client/resident identification
Inter- and Intra-Health Authority Relocation

The following is a guideline is to ensure safe and effective patient/client/resident identification during site-to-site relocation. This includes recommendations for identification and tracking of personal effects and is not an exhaustive list. This process builds upon identified lessons learned from previous relocation events, as well as existing practices.

Recommendations

1. The sending site must ensure that the patient/client/resident is fitted with a wristband indicating their personal identifying information. This bracelet should be white and made of a robust/tamper-proof material.

   Note: In the event a bracelet is not available, another means that is not easily removable may be utilized.

   The minimum information required on identification bracelets is the patient/client/resident's:
   - **Name**
   - **Date of Birth**
   - **Sending Site**
   - **Receiving Site**

2. The sending site must ensure that personal items travelling with patient/client/resident are labelled with an adhesive label or fitted with a wristband indicating the owner's personal identifying information. Adhesive labels and/or bracelets should be white and made of a robust/tamper-proof material.

   Personal items include but are not limited to luggage, mobility equipment, medical equipment, and medication.

3. The minimum information required on personal item labels is the patient/client/resident's:
   - **Name**
   - **Date of birth**
   - **Sending Site**
   - **Receiving Site**
   - **Item # ____ of total # ____**

4. In tactical evacuations, i.e. when time to pack or prepare is limited, personal belongings may be collected in a plastic bag or pillow case and the minimum identifiers noted above must be indicated using a sharpie and/or adhesive label.

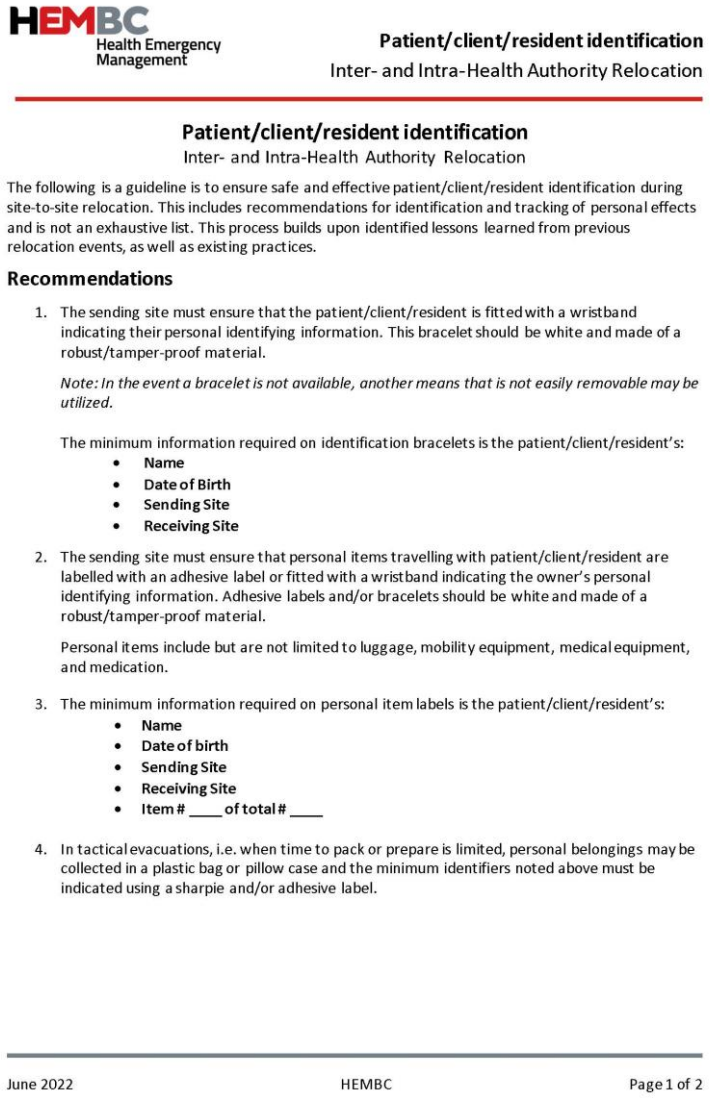
June 2022 HEMBC Page 1 of 2

Module 3: Evacuation preparedness

Identification guide

- **Identification of patient/client/residents:** The minimum information required on identification bracelets:
  - **Name**
  - **Date of Birth**
  - **Sending Site**
  - **Receiving Site**
- **Red** wristband = Allergies
- **Yellow** wristband = Fall Risk
- **Purple** wristband = Violence/Aggression Risk

- **Identification of their belongings:** The minimum information required on identification bracelets:
  - **Name**
  - **Date of birth**
  - **Sending Site**
  - **Receiving Site**
  - **Item # ____ of total # ____**
- Recommend using white labels so they can be marked (i.e. colour coded) for transport vehicles



HEMBC Health Emergency Management

Patient/client/resident identification
Inter- and Intra-Health Authority Relocation

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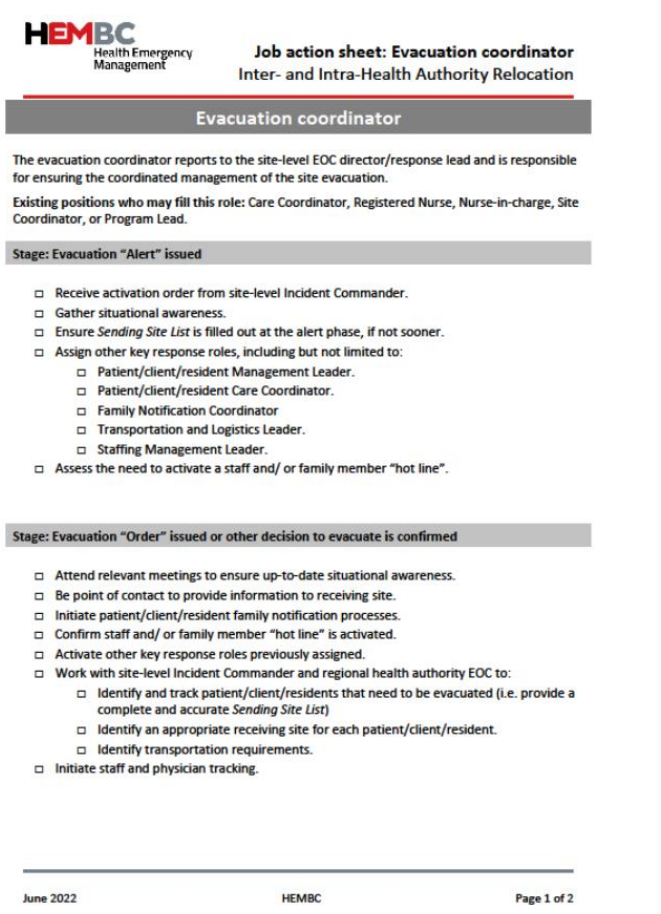
   - **Receiving Site**
   - **Item # ____ of total # ____**
4. In tactical evacuations, i.e. when time to pack or prepare is limited, personal belongings may be collected in a plastic bag or pillow case and the minimum identifiers noted above must be indicated using a sharpie and/or adhesive label.

Module 3: Evacuation preparedness

Job Action Sheet: Evacuation coordinator

- **What:** Description of role and responsibilities of a key role at sending site: the evacuation coordinator
  - Reference document
- **Who:** Existing positions who may fill this role: Unit Clerk, Care Coordinator, RN, Nurse-in-charge, Site Coordinator, or Program Lead
- **When:** During the evacuation alert



HEMBC Health Emergency Management

Job action sheet: Evacuation coordinator
Inter- and Intra-Health Authority Relocation

Evacuation coordinator

The evacuation coordinator reports to the site-level EOC director/response lead and is responsible for ensuring the coordinated management of the site evacuation.

Existing positions who may fill this role: Care Coordinator, Registered Nurse, Nurse-in-charge, Site Coordinator, or Program Lead.

Stage: Evacuation "Alert" issued

- ☐ Receive activation order from site-level Incident Commander.
- ☐ Gather situational awareness.
- ☐ Ensure *Sending Site List* is filled out at the alert phase, if not sooner.
- ☐ Assign other key response roles, including but not limited to:
  - ☐ Patient/client/resident Management Leader.
  - ☐ Patient/client/resident Care Coordinator.
  - ☐ Family Notification Coordinator
  - ☐ Transportation and Logistics Leader.
  - ☐ Staffing Management Leader.
- ☐ Assess the need to activate a staff and/ or family member "hot line".

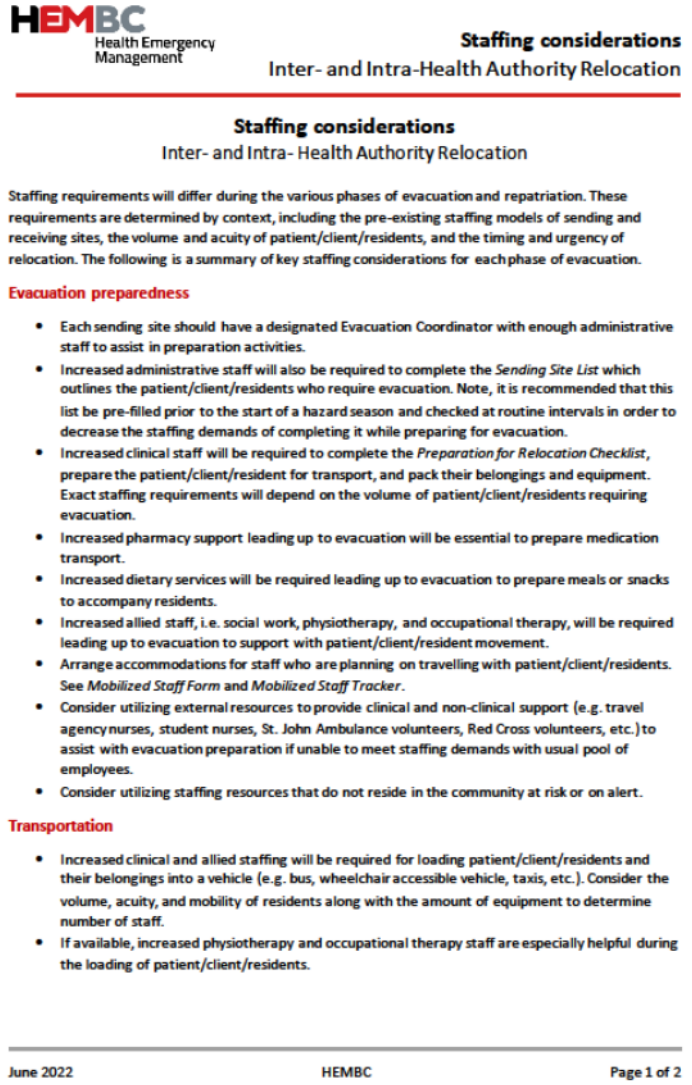
Stage: Evacuation "Order" issued or other decision to evacuate is confirmed

- ☐ Attend relevant meetings to ensure up-to-date situational awareness.
- ☐ Be point of contact to provide information to receiving site.
- ☐ Initiate patient/client/resident family notification processes.
- ☐ Confirm staff and/ or family member "hot line" is activated.
- ☐ Activate other key response roles previously assigned.
- ☐ Work with site-level Incident Commander and regional health authority EOC to:
  - ☐ Identify and track patient/client/residents that need to be evacuated (i.e. provide a complete and accurate *Sending Site List*)
  - ☐ Identify an appropriate receiving site for each patient/client/resident.
  - ☐ Identify transportation requirements.
- ☐ Initiate staff and physician tracking.

Module 3: Evacuation preparedness

Considerations for staffing

- **What:** Outlines suggested staffing considerations and/or requirements during evacuation preparedness
  - Reference document
- **Who:** Sending site leader/designate
- **When:** When preparing to evacuate



HEMBC Health Emergency Management

Staffing considerations
Inter- and Intra-Health Authority Relocation

Staffing considerations
Inter- and Intra- Health Authority Relocation

Staffing requirements will differ during the various phases of evacuation and repatriation. These requirements are determined by context, including the pre-existing staffing models of sending and receiving sites, the volume and acuity of patient/client/residents, and the timing and urgency of relocation. The following is a summary of key staffing considerations for each phase of evacuation.

Evacuation preparedness

- Each sending site should have a designated Evacuation Coordinator with enough administrative staff to assist in preparation activities.
- Increased administrative staff will also be required to complete the *Sending Site List* which outlines the patient/client/residents who require evacuation. Note, it is recommended that this list be pre-filled prior to the start of a hazard season and checked at routine intervals in order to decrease the staffing demands of completing it while preparing for evacuation.
- Increased clinical staff will be required to complete the *Preparation for Relocation Checklist*, prepare the patient/client/resident for transport, and pack their belongings and equipment. Exact staffing requirements will depend on the volume of patient/client/residents requiring evacuation.
- Increased pharmacy support leading up to evacuation will be essential to prepare medication transport.
- Increased dietary services will be required leading up to evacuation to prepare meals or snacks to accompany residents.
- Increased allied staff, i.e. social work, physiotherapy, and occupational therapy, will be required leading up to evacuation to support with patient/client/resident movement.
- Arrange accommodations for staff who are planning on travelling with patient/client/residents. See *Mobilized Staff Form* and *Mobilized Staff Tracker*.
- Consider utilizing external resources to provide clinical and non-clinical support (e.g. travel agency nurses, student nurses, St. John Ambulance volunteers, Red Cross volunteers, etc.) to assist with evacuation preparation if unable to meet staffing demands with usual pool of employees.
- Consider utilizing staffing resources that do not reside in the community at risk or on alert.

Transportation

- Increased clinical and allied staffing will be required for loading patient/client/residents and their belongings into a vehicle (e.g. bus, wheelchair accessible vehicle, taxis, etc.). Consider the volume, acuity, and mobility of residents along with the amount of equipment to determine number of staff.
- If available, increased physiotherapy and occupational therapy staff are especially helpful during the loading of patient/client/residents.

June 2022 HEMBC Page 1 of 2

Module 3: Evacuation preparedness

Considerations for staffing

Evacuation preparedness

- Each sending site should have **a designated Evacuation Coordinator** with enough administrative staff to assist in preparation activities.
- Increased administrative staff will also be required **to complete the *Sending Site List*** which outlines the patient/client/residents who require evacuation.
- Increased clinical staff will be required to complete the *Preparation for Relocation Checklist*, prepare the patient/client/resident for transport, and pack their belongings and equipment. **Exact staffing requirements will depend on the volume and acuity of patient/client/residents requiring evacuation.**
- Increased **pharmacy support** leading up to evacuation will be essential to prepare medication transport.
- Increased **dietary services** will be required leading up to evacuation to prepare meals or snacks to accompany residents.
- Increased allied staff, i.e**. social work, physiotherapy, and occupational therapy**, will be required leading up to evacuation to support with patient/client/resident movement.
- Arrange accommodations for staff who are planning on travelling with patient/client/residents. **See *Mobilized Staff Form* and *Mobilized Staff Tracker*.**
- Consider utilizing external resources to provide clinical and non-clinical support (e.g. travel agency nurses, student nurses, St. John Ambulance volunteers, Red Cross volunteers, etc.) to assist with evacuation preparation if unable to meet staffing demands with usual pool of employees.
- Consider utilizing staffing resources that do not reside in the community at risk or on alert.

Module 3: Evacuation preparedness

Review

Scenario

A severe winter storm over the last 3 days has brought freezing rain, sleet, and high winds. Although the region was initially coping to this extreme weather, the storm has now knocked down several power lines and most of the region is without power. Your site has been running on generators for the last 6 hours, but there is no ETA for a return to power and the heating system has also failed. As a result, your site leadership and health authority has decided to evacuate the patient/client/residents to a neighbouring region.

Questions

1. Given the scenario, what tool(s) could you use to help organize the evacuation of the patients/clients/residents?
2. What key role needs to be filled at this stage?
3. What other key considerations should be taken at this stage?

Module 3: Evacuation preparedness

Review

Susan Quinn is 84 year-old woman living in Tower A, Room 17 of Bright Sky Assisted Care Centre. She identifies as Metis and most of her family, including her daughter Rachel Quinn, live a couple of hours away. Since her husband passed away many years ago, Susan won't go anywhere without the new man in her life: Roger, her senior Shih Tzu. Susan is healthy and active for her age – she moves around completely independently and is in assisted living primarily because she benefits from help with cooking and cleaning. Plus, she enjoys the company of the other residents! The staff at Bright Sky report that Susan in an extremely pleasant and easy to work with.

Susan's family doctor, Dr. Smith, sees her every 6 months for a check-up and as needed. Susan's medical history includes Crohn's, hypertension and macular degeneration, so she requires some assistance seeing and reading things that are at close proximity. For her Crohn's, Susan had surgery when she was much younger that left her with an ileostomy. She is able to manage her ileostomy day-to-day by herself, but requires some help changing her appliance every Sunday. She takes Aspirin in the morning and Ramipril, Atorvastatin, and some eye drops at night and she last filled her prescription 1 month ago for a 3 month supply. Susan is so glad that the COVID-19 restrictions have eased up and she has had 4 doses of the vaccine, including boosters. But now, Susan is seeing on the news that her community might have to evacuate and the roads to get to her daughter are closed. She will need help from her care facility getting somewhere safe.

Module 3: Evacuation preparedness

Review

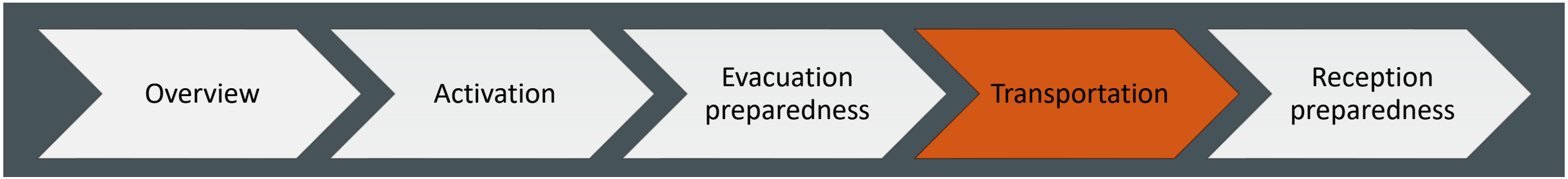
John Robinson is 75 year-old man living in Clear Waters Long-term Care Facility. John moved into Clear Waters approximately 6 months ago because he required a higher level of care than his wife could provide. John's wife Mary Robinson lives in the same town and visits him nearly every day.

John suffered a severe stroke about a year ago, which left him paralyzed on his left side. He gets around in a wheelchair and requires 2 people to help him stand and transfer in and out of the chair. Although he can use his right side, he also needs help with bathing, getting dressed, and eating. John has a lot of medications he takes every day because, in addition to the stroke, he also had a lot of heart problems and diabetes. Unfortunately, the combination of health issues has put John at a high risk for skin breakdown, so staff at Clear Water have to be diligent to reposition John every two hours. When he moved in, he had a small stage 3 pressure sore on the heel of his left foot and they have been changing the dressing every 2 days. The wound is slowly starting to get better but is still a stage 2.

John's wife Mary reports that John has always been the most wonderful and gentle husband. However, since the stroke, John sometimes becomes anxious or frustrated when he cannot express himself, and there have been instances when he has lashed out at the staff physically. There is a care plan in place for John that the staff follow, and these instances are becoming less frequent. Mary heard on the news that the town might need to be evacuated, so she has called the facility to see what will be done about John.

TRANSPORTATION

MODULE 4



Module 4: Transportation

Goals

- Understand the tools that are available to you to support continuity of care of patient/residents throughout **transportation**
- Utilize a **patient/resident-centered, risk-based approach** throughout transportation

Tools

- Considerations for transportation
- Checklist: Loading/unloading
- Checklist: During transit
- Considerations for staffing: Transportation

Module 4: Transportation

Consideration for transportation

Purpose: The purpose of this document is to assist with determining the most appropriate type of transport mode for each patient/resident/client based upon a mobility assessment and medical/clinical assessment. Different criteria may used at the discretion of clinical and other health authority staff if they deem adequate mitigation measures have been put in place (i.e. staff accompaniment).

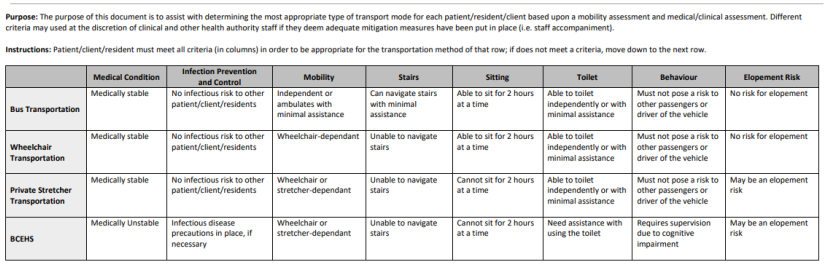
Instructions: Patient/client/resident must meet all criteria (in columns) in order to be appropriate for the transportation method of that row; if does not meet a criteria, move down to the next row.

	Medical Condition	Infection Prevention and Control	Mobility	Stairs	Sitting	Toilet	Behaviour	Elopement Risk
Bus Transportation	Medically stable	No infectious risk to other patient/client/residents	Independent or ambulates with minimal assistance	Can navigate stairs with minimal assistance	Able to sit for 2 hours at a time	Able to toilet independently or with minimal assistance	Must not pose a risk to other passengers or driver of the vehicle	No risk for elopement
Wheelchair Transportation	Medically stable	No infectious risk to other patient/client/residents	Wheelchair-dependant	Unable to navigate stairs	Able to sit for 2 hours at a time	Able to toilet independently or with minimal assistance	Must not pose a risk to other passengers or driver of the vehicle	No risk for elopement
Private Stretcher Transportation	Medically stable	No infectious risk to other patient/client/residents	Wheelchair or stretcher-dependant	Unable to navigate stairs	Cannot sit for 2 hours at a time	Able to toilet independently or with minimal assistance	Must not pose a risk to other passengers or driver of the vehicle	May be an elopement risk
BCEHS	Medically Unstable	Infectious disease precautions in place, if necessary	Wheelchair or stretcher-dependant	Unable to navigate stairs	Cannot sit for 2 hours at a time	Need assistance with using the toilet	Requires supervision due to cognitive impairment	May be an elopement risk

Module 4: Transportation

Consideration for transportation

- **What:** Table that provides guidance on how to determine the most appropriate mode of transportation based on the clinical condition of the patient/client/resident
  - Reference document
  - Different criteria may be used at the discretion of clinical and other health authority staff if they deem adequate mitigation measures have been put in place
- **Who:** Site leadership and the regional evacuation coordination team
- **When:** Once the sending site list has been received, i.e. preparing for transportation



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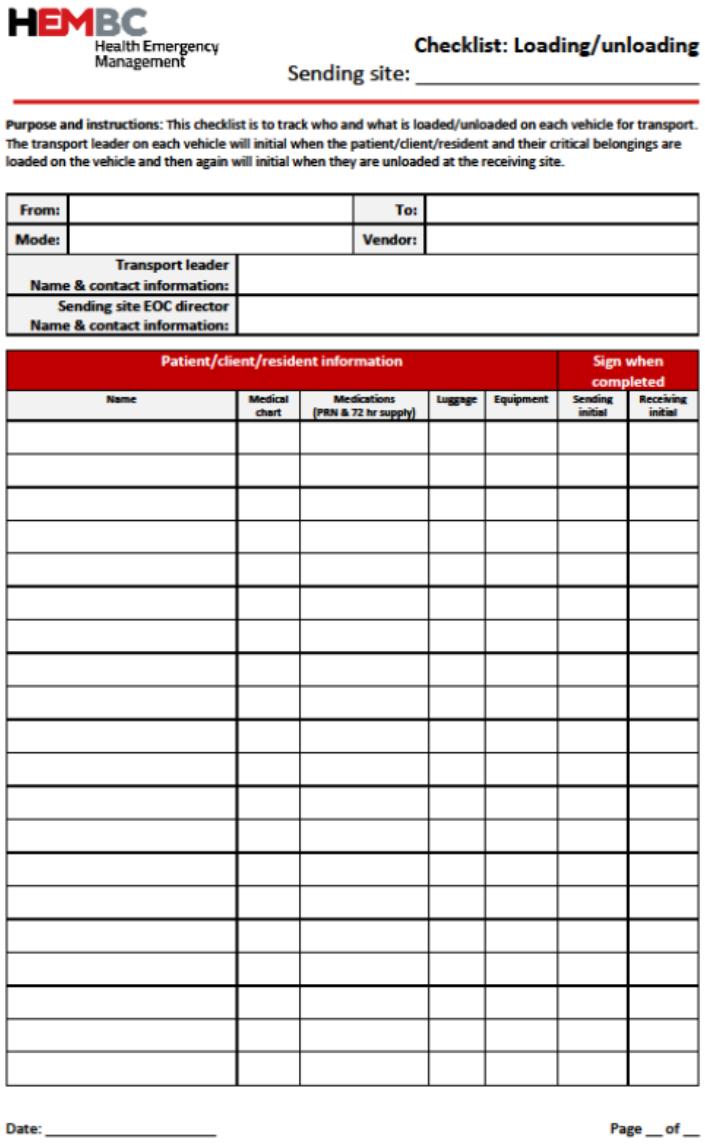
Module 4: Transportation

Checklist: Loading/unloading

- **What:** Clear record of each patient/resident that is being loaded onto a vehicle as well as prompt to ensure their essential personal belonging, medication, medical records and equipment travel on the same vehicle
  - One (1) per vehicle
- **Who:** Completed by the transport leader of each vehicle
- **When:** At the loading and unloading points of transfer



HEMBC Health Emergency Management

Checklist: Loading/unloading

Sending site: _____

Purpose and instructions: This checklist is to track who and what is loaded/unloaded on each vehicle for transport. The transport leader on each vehicle will initial when the patient/client/resident and their critical belongings are loaded on the vehicle and then again will initial when they are unloaded at the receiving site.

From:		**To:**	
Mode:		**Vendor:**	
Transport leader Name & contact information:			
Sending site EOC director Name & contact information:			

Patient/client/resident information					Sign when completed	
Name	Medical chart	Medications (PRN & 72 hr supply)	Luggage	Equipment	Sending initial	Receiving initial

Date: _____

Page __ of __

Module 4: Transportation

Checklist: Loading/unloading

- Names can be exported from the *sending site list*
- Transport leader checks off that patient/resident charts, a 72hr supply of medication, luggage, and equipment has been loaded on the vehicle and then again checks that all of those items have been loaded off the vehicle

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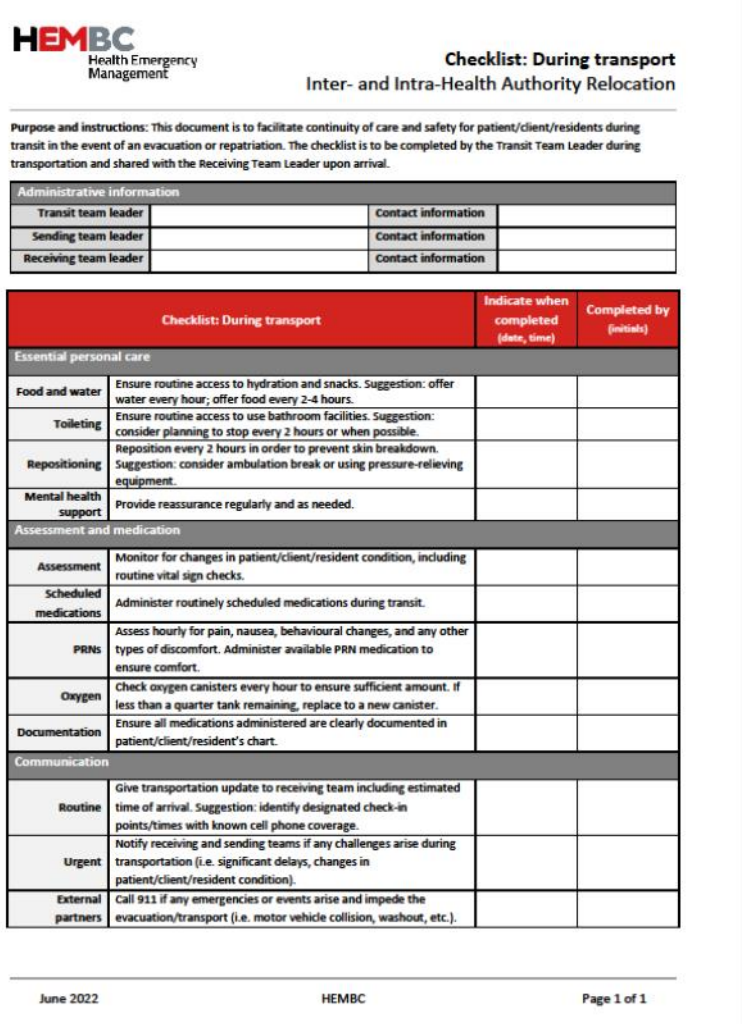
From:		**To:**	
Mode:		**Vendor:**	
Transport Leader Name & Contact Information:			
Sending Site EOC Director Name & Contact Information:			

Patient/client/resident Information					**Sign when completed**	
Name	**Medical Chart**	**Medications (PRN & 72 hr supply)**	**Luggage**	**Equipment**	**Sending Initial**	**Receiving Initial**

Module 4: Transportation

Checklist: During transport

- **What:** Checklist to prompt critical actions that need to take place during transportation
  - One (1) per vehicle
- **Who:** Completed by the transit team leader during transportation and shared with the receiving team leader upon arrival
- **When:** During transport



HEMBC Health Emergency Management

Checklist: During transport
Inter- and Intra-Health Authority Relocation

Purpose and instructions: This document is to facilitate continuity of care and safety for patient/client/residents during transit in the event of an evacuation or repatriation. The checklist is to be completed by the Transit Team Leader during transportation and shared with the Receiving Team Leader upon arrival.

Administrative information			
Transit team leader		Contact information	
Sending team leader		Contact information	
Receiving team leader		Contact information	

Checklist: During transport		Indicate when completed (date, time)	Completed by (initials)
Essential personal care			
Food and water	Ensure routine access to hydration and snacks. Suggestion: offer water every hour; offer food every 2-4 hours.		
Toileting	Ensure routine access to use bathroom facilities. Suggestion: consider planning to stop every 2 hours or when possible.		
Repositioning	Reposition every 2 hours in order to prevent skin breakdown. Suggestion: consider ambulation break or using pressure-relieving equipment.		
Mental health support	Provide reassurance regularly and as needed.		
Assessment and medication			
Assessment	Monitor for changes in patient/client/resident condition, including routine vital sign checks.		
Scheduled medications	Administer routinely scheduled medications during transit.		
PRNs	Assess hourly for pain, nausea, behavioural changes, and any other types of discomfort. Administer available PRN medication to ensure comfort.		
Oxygen	Check oxygen canisters every hour to ensure sufficient amount. If less than a quarter tank remaining, replace to a new canister.		
Documentation	Ensure all medications administered are clearly documented in patient/client/resident's chart.		
Communication			
Routine	Give transportation update to receiving team including estimated time of arrival. Suggestion: identify designated check-in points/times with known cell phone coverage.		
Urgent	Notify receiving and sending teams if any challenges arise during transportation (i.e. significant delays, changes in patient/client/resident condition).		
External partners	Call 911 if any emergencies or events arise and impede the evacuation/transport (i.e. motor vehicle collision, washout, etc.).		

Module 4: Transportation

Checklist: During transport

Sections:

- Essential personal care
  - Food and water
  - Toileting
  - Repositioning
  - Mental health support
- Assessment and medication
- Communication

Purpose and instructions: This document is to facilitate continuity of care and safety to patients/residents/clients during transit in the event of an evacuation/repatriation. The checklist is to be completed by the Transit Team Leader during transportation and shared with the Receiving Team Leader upon arrival.

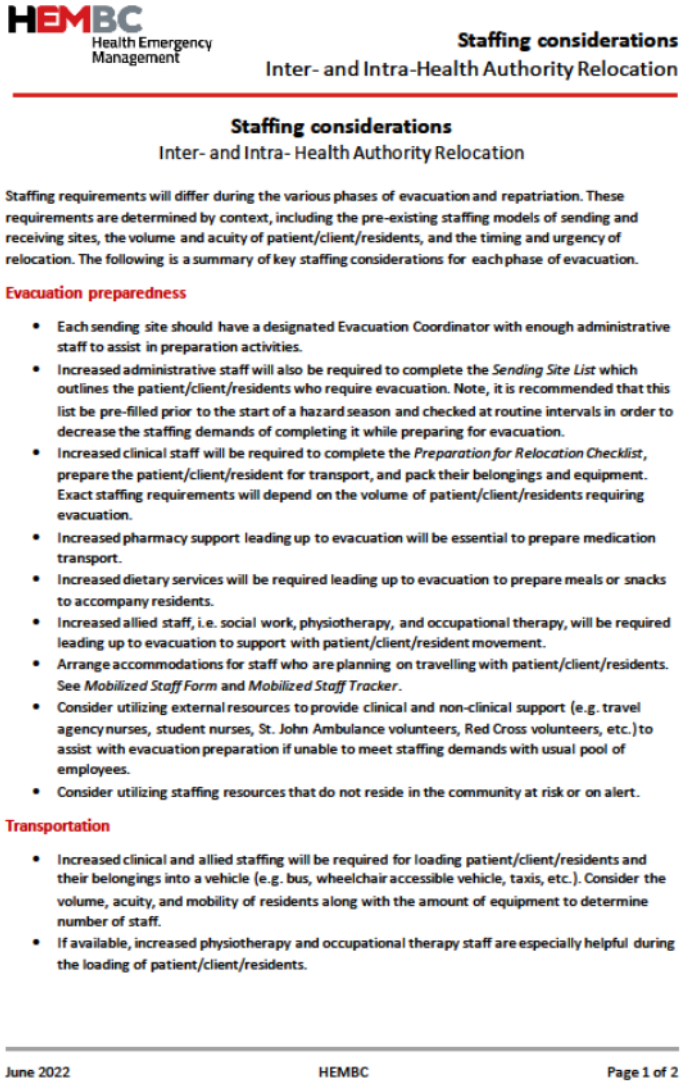
Administrative Information			
Transit Team Leader		**Contact Information**	
Sending Team Leader		**Contact Information**	
Receiving Team Leader		**Contact Information**	

Checklist: During Transfer		Indicate when completed (date, time)	Completed by (initials)
Essential Personal Care			
Food and water	Ensure routine access to hydration and snacks. Suggestion: offer water every hour; offer food every 2-4 hours.		
Toileting	Ensure routine access to use bathroom facilities. Suggestion: consider planning to stop every 2 hours or when possible.		
Repositioning	Reposition every 2 hours in order to prevent skin breakdown. Suggestion: using an ambulation break or pressure-relieving equipment.		
Mental health support	Provide reassurance regularly and as needed.		
Assessment and Medication			
Assessment	Monitor for changes in condition, including routine vital sign checks.		
Scheduled medications	Administer routinely scheduled medications during transit.		
PRNs	Assess hourly for pain, nausea, behavioural changes, and any other types of discomfort. Administer available PRN medication to ensure comfort.		

Module 4: Transportation

Considerations for staffing

- **What:** Outlines suggested staffing considerations and/or requirements during transportation
  - Reference document
- **Who:** Sending site leader/designate
- **When:** During transportation



HEMBC Health Emergency Management

Staffing considerations
Inter- and Intra-Health Authority Relocation

Staffing considerations
Inter- and Intra- Health Authority Relocation

Staffing requirements will differ during the various phases of evacuation and repatriation. These requirements are determined by context, including the pre-existing staffing models of sending and receiving sites, the volume and acuity of patient/client/residents, and the timing and urgency of relocation. The following is a summary of key staffing considerations for each phase of evacuation.

Evacuation preparedness

- Each sending site should have a designated Evacuation Coordinator with enough administrative staff to assist in preparation activities.
- Increased administrative staff will also be required to complete the *Sending Site List* which outlines the patient/client/residents who require evacuation. Note, it is recommended that this list be pre-filled prior to the start of a hazard season and checked at routine intervals in order to decrease the staffing demands of completing it while preparing for evacuation.
- Increased clinical staff will be required to complete the *Preparation for Relocation Checklist*, prepare the patient/client/resident for transport, and pack their belongings and equipment. Exact staffing requirements will depend on the volume of patient/client/residents requiring evacuation.
- Increased pharmacy support leading up to evacuation will be essential to prepare medication transport.
- Increased dietary services will be required leading up to evacuation to prepare meals or snacks to accompany residents.
- Increased allied staff, i.e. social work, physiotherapy, and occupational therapy, will be required leading up to evacuation to support with patient/client/resident movement.
- Arrange accommodations for staff who are planning on travelling with patient/client/residents. See *Mobilized Staff Form* and *Mobilized Staff Tracker*.
- Consider utilizing external resources to provide clinical and non-clinical support (e.g. travel agency nurses, student nurses, St. John Ambulance volunteers, Red Cross volunteers, etc.) to assist with evacuation preparation if unable to meet staffing demands with usual pool of employees.
- Consider utilizing staffing resources that do not reside in the community at risk or on alert.

Transportation

- Increased clinical and allied staffing will be required for loading patient/client/residents and their belongings into a vehicle (e.g. bus, wheelchair accessible vehicle, taxis, etc.). Consider the volume, acuity, and mobility of residents along with the amount of equipment to determine number of staff.
- If available, increased physiotherapy and occupational therapy staff are especially helpful during the loading of patient/client/residents.

Considerations for staffing

Transportation

- **Increased clinical and allied staffing** will be required for loading patient/client/residents and their belongings into a vehicle (e.g. bus, wheelchair accessible vehicle, taxis, etc.).
  - Consider the volume, acuity, and mobility of residents along with the amount of equipment to determine number of staff.
- If available, **increased physiotherapy and occupational therapy staff** are especially helpful during the loading of patient/client/residents.
- Consider utilizing external resources (travel agency nurses, student nurses, St. John Ambulance volunteers, Red Cross volunteers, etc.) to assist with loading and unloading if unable to meet staffing demands with usual pool of employees.
- **Each vehicle** transporting patient/client/residents **will require a transport team**, which includes a designated leader and clinical staff.
  - Ratio of clinical staff to patient/client/residents during transit should be greater than or equal to usual ratio for provision of care (suggested 1:4).
- The transport team must be a complement of **physicians, nurses, care aids, and allied staff** who work for the sending site.

Module 4: Transportation

Review

Scenario

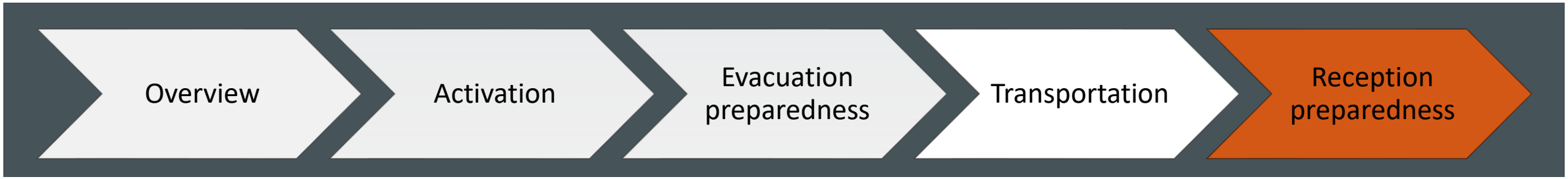
This is the 4th consecutive day of the heat alert issued by Environment Climate Change Canada. The forecast today has changed to an Extreme Heat Emergency due to temperatures increasing as well as an increasing humidex forecast. There has been confirmation that the air conditioning throughout the site has failed. Staff are experiencing challenges in keeping patient/client/residents cool due to the increasing internal temperatures throughout the site. Your site is being evacuated and a number of transportation vendors are sending vehicles to pick up and transport the patient/client/residents.

Questions

1. Given the scenario, what tool(s) could you use to help facilitate the transportation of the patients/clients/residents?
2. What other key considerations should be taken at this stage?

RECEPTION PREPAREDNESS

MODULE 5



Module 5: Reception preparedness

Goals

- To understand the tools that are available to you when **preparing to receive** evacuees.
- Utilize a **patient/resident-centered, risk-based approach** throughout reception of evacuees

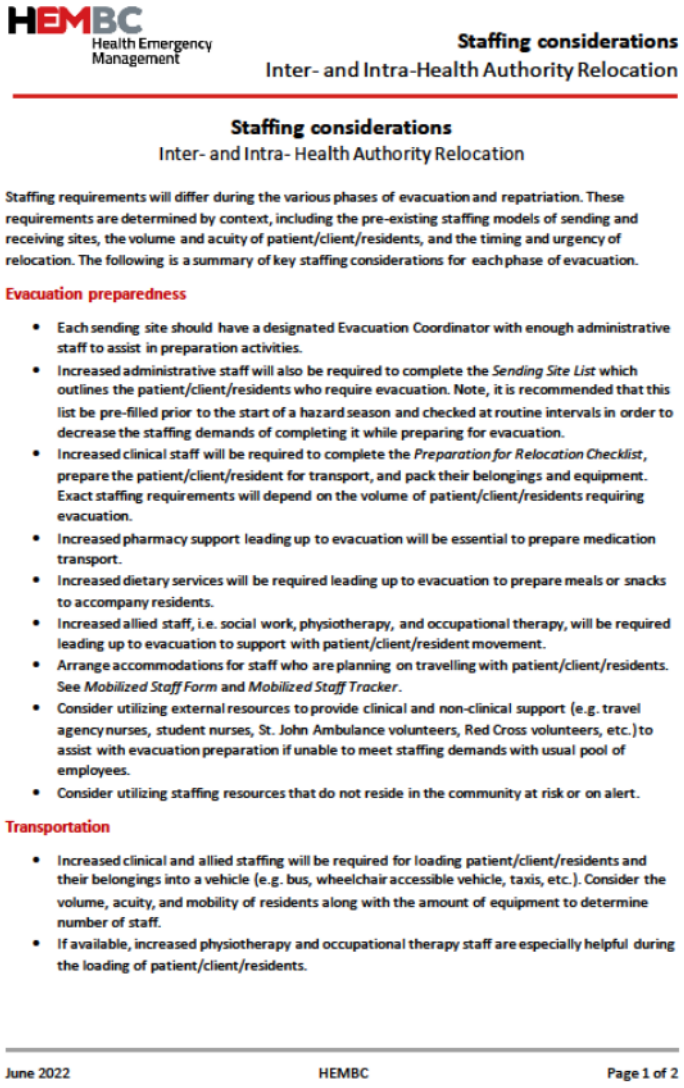
Tools

- Considerations for staffing: Reception preparedness
- Job action sheet: Reception coordinator
- Checklist: Receiving site preparation
- Psychosocial resources

Module 5: Reception preparedness

Considerations for staffing

- **What:** Outlines suggested staffing considerations and/or requirements during reception preparedness
  - Reference document
- **Who:** Receiving site leader/designate
- **When:** When planning to receive evacuees



HEMBC Health Emergency Management

Staffing considerations
Inter- and Intra-Health Authority Relocation

Staffing considerations
Inter- and Intra- Health Authority Relocation

Staffing requirements will differ during the various phases of evacuation and repatriation. These requirements are determined by context, including the pre-existing staffing models of sending and receiving sites, the volume and acuity of patient/client/residents, and the timing and urgency of relocation. The following is a summary of key staffing considerations for each phase of evacuation.

Evacuation preparedness

- Each sending site should have a designated Evacuation Coordinator with enough administrative staff to assist in preparation activities.
- Increased administrative staff will also be required to complete the *Sending Site List* which outlines the patient/client/residents who require evacuation. Note, it is recommended that this list be pre-filled prior to the start of a hazard season and checked at routine intervals in order to decrease the staffing demands of completing it while preparing for evacuation.
- Increased clinical staff will be required to complete the *Preparation for Relocation Checklist*, prepare the patient/client/resident for transport, and pack their belongings and equipment. Exact staffing requirements will depend on the volume of patient/client/residents requiring evacuation.
- Increased pharmacy support leading up to evacuation will be essential to prepare medication transport.
- Increased dietary services will be required leading up to evacuation to prepare meals or snacks to accompany residents.
- Increased allied staff, i.e. social work, physiotherapy, and occupational therapy, will be required leading up to evacuation to support with patient/client/resident movement.
- Arrange accommodations for staff who are planning on travelling with patient/client/residents. See *Mobilized Staff Form* and *Mobilized Staff Tracker*.
- Consider utilizing external resources to provide clinical and non-clinical support (e.g. travel agency nurses, student nurses, St. John Ambulance volunteers, Red Cross volunteers, etc.) to assist with evacuation preparation if unable to meet staffing demands with usual pool of employees.
- Consider utilizing staffing resources that do not reside in the community at risk or on alert.

Transportation

- Increased clinical and allied staffing will be required for loading patient/client/residents and their belongings into a vehicle (e.g. bus, wheelchair accessible vehicle, taxis, etc.). Consider the volume, acuity, and mobility of residents along with the amount of equipment to determine number of staff.
- If available, increased physiotherapy and occupational therapy staff are especially helpful during the loading of patient/client/residents.

June 2022 HEMBC Page 1 of 2

Module 5: Reception preparedness

Considerations for staffing

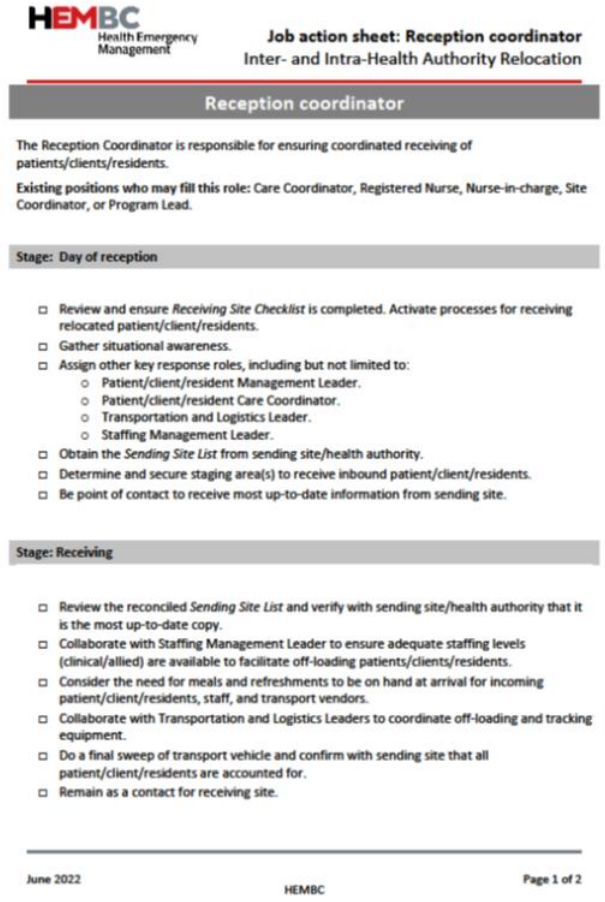
Reception preparedness

- Each receiving site should have a designated **Receiving Coordinator** with enough supporting administrative and clinical staff to assist them in the reception of residents.
- **A reception team will be required for each vehicle that is arriving.** This team should have a high ratio of clinical and allied staff to incoming patient/client/residents (suggested 1:2) to help offload and settle evacuees. Occupational therapists and physiotherapists will be especially helpful during the unloading portion of transport.
- Consider need for additional staff to assist with offloading and transporting equipment and other personal belongings.
- Additional **registration staff** will be needed to register all incoming patient/client/residents into receiving site's system.
- Increased **dietary support** will be required leading up to reception to have hydration, meals and snacks ready for incoming patient/client/residents and staff.
- **Do not account for any staff that may be arriving from the sending site in the reception planning**; these staff may be too tired to assist with the reception activities after providing a patient hand-off report and should only be considered supernumerary.
- Be prepared to offer **psychosocial support** to evacuated patient/client/residents and staff in the days and weeks following their arrival. Keep in close contact with patient/client/resident family members or next of kin and the sending health authority's human resources department.
- Due to unforeseen circumstances, evacuees may arrive late in the day or evening hours, so refrain from scheduling staff to work on both the day of reception and the day following the reception in order to allow for a rest period.
- Consider utilizing external resources (e.g. travel agency nurses, student nurses, St. John Ambulance volunteers, Red Cross volunteers, etc.) to assist with the reception process if unable to meet staffing demands with the usual pool of employees.

Module 5: Reception preparedness

Job Action Sheet: Reception coordinator

- **What:** Description of role and responsibilities of a key role at receiving site: the reception coordinator
  - Reference document
- **Who:** Existing positions who may fill this role: Unit Clerk, Care Coordinator, RN, Nurse-in-charge, Site Coordinator, or Program Lead
- **When:** When preparing to receive evacuees



HEMBC Health Emergency Management

Job action sheet: Reception coordinator
Inter- and Intra-Health Authority Relocation

Reception coordinator

The Reception Coordinator is responsible for ensuring coordinated receiving of patients/clients/residents.

Existing positions who may fill this role: Care Coordinator, Registered Nurse, Nurse-in-charge, Site Coordinator, or Program Lead.

Stage: Day of reception

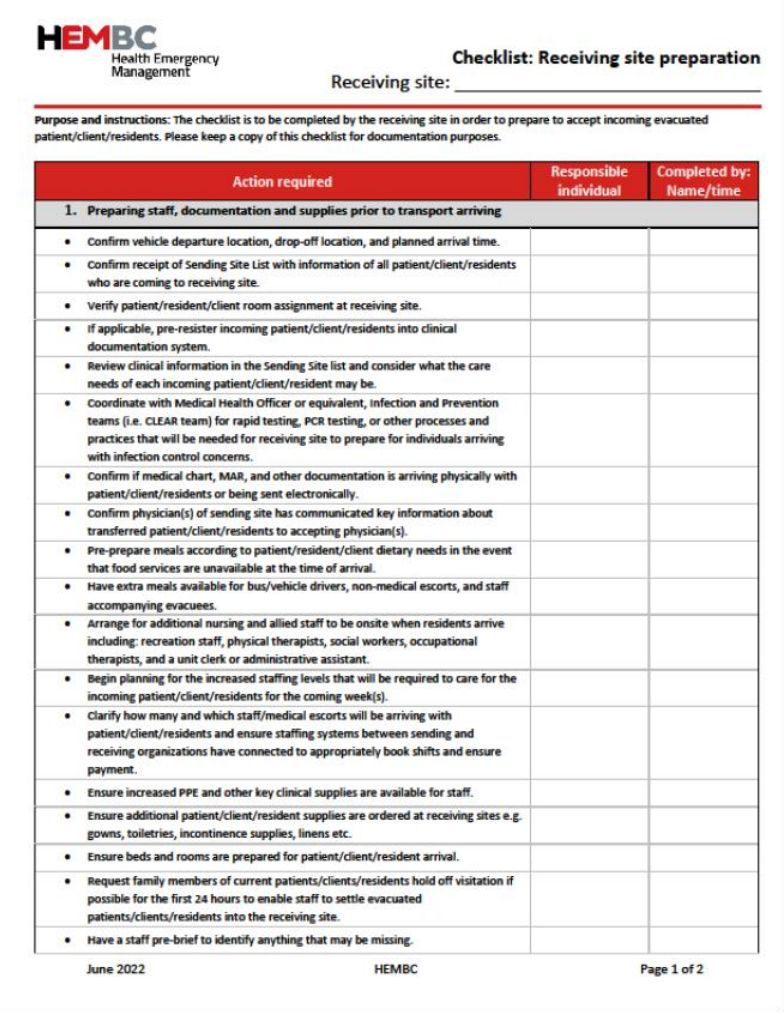
- ☐ Review and ensure *Receiving Site Checklist* is completed. Activate processes for receiving relocated patient/client/residents.
- ☐ Gather situational awareness.
- ☐ Assign other key response roles, including but not limited to:
  - Patient/client/resident Management Leader.
  - Patient/client/resident Care Coordinator.
  - Transportation and Logistics Leader.
  - Staffing Management Leader.
- ☐ Obtain the *Sending Site List* from sending site/health authority.
- ☐ Determine and secure staging area(s) to receive inbound patient/client/residents.
- ☐ Be point of contact to receive most up-to-date information from sending site.

Stage: Receiving

- ☐ Review the reconciled *Sending Site List* and verify with sending site/health authority that it is the most up-to-date copy.
- ☐ Collaborate with Staffing Management Leader to ensure adequate staffing levels (clinical/allied) are available to facilitate off-loading patients/clients/residents.
- ☐ Consider the need for meals and refreshments to be on hand at arrival for incoming patient/client/residents, staff, and transport vendors.
- ☐ Collaborate with Transportation and Logistics Leaders to coordinate off-loading and tracking equipment.
- ☐ Do a final sweep of transport vehicle and confirm with sending site that all patient/client/residents are accounted for.
- ☐ Remain as a contact for receiving site.

Module 5: Reception preparedness

Checklist: Receiving site preparation



HEMBC Health Emergency Management

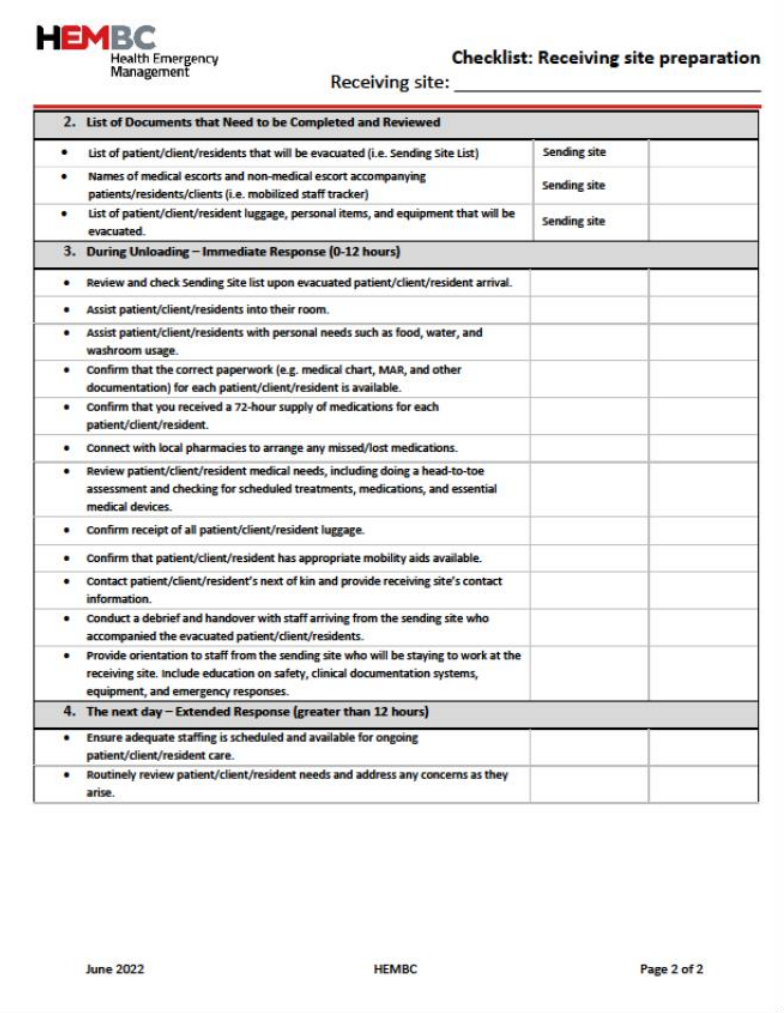
Checklist: Receiving site preparation

Receiving site: _____

Purpose and instructions: The checklist is to be completed by the receiving site in order to prepare to accept incoming evacuated patient/client/residents. Please keep a copy of this checklist for documentation purposes.

Action required	Responsible individual	Completed by: Name/time
1. Preparing staff, documentation and supplies prior to transport arriving		
• Confirm vehicle departure location, drop-off location, and planned arrival time.		
• Confirm receipt of Sending Site List with information of all patient/client/residents who are coming to receiving site.		
• Verify patient/resident/client room assignment at receiving site.		
• If applicable, pre-resister incoming patient/client/residents into clinical documentation system.		
• Review clinical information in the Sending Site list and consider what the care needs of each incoming patient/client/resident may be.		
• Coordinate with Medical Health Officer or equivalent, Infection and Prevention teams (i.e. CLEAR team) for rapid testing, PCR testing, or other processes and practices that will be needed for receiving site to prepare for individuals arriving with infection control concerns.		
• Confirm if medical chart, MAR, and other documentation is arriving physically with patient/client/residents or being sent electronically.		
• Confirm physician(s) of sending site has communicated key information about transferred patient/client/residents to accepting physician(s).		
• Pre-prepare meals according to patient/resident/client dietary needs in the event that food services are unavailable at the time of arrival.		
• Have extra meals available for bus/vehicle drivers, non-medical escorts, and staff accompanying evacuees.		
• Arrange for additional nursing and allied staff to be onsite when residents arrive including: recreation staff, physical therapists, social workers, occupational therapists, and a unit clerk or administrative assistant.		
• Begin planning for the increased staffing levels that will be required to care for the incoming patient/client/residents for the coming week(s).		
• Clarify how many and which staff/medical escorts will be arriving with patient/client/residents and ensure staffing systems between sending and receiving organizations have connected to appropriately book shifts and ensure payment.		
• Ensure increased PPE and other key clinical supplies are available for staff.		
• Ensure additional patient/client/resident supplies are ordered at receiving sites e.g. gowns, toiletries, incontinence supplies, linens etc.		
• Ensure beds and rooms are prepared for patient/client/resident arrival.		
• Request family members of current patients/clients/residents hold off visitation if possible for the first 24 hours to enable staff to settle evacuated patients/clients/residents into the receiving site.		
• Have a staff pre-brief to identify anything that may be missing.		

June 2022 HEMBC Page 1 of 2



HEMBC Health Emergency Management

Checklist: Receiving site preparation

Receiving site: _____

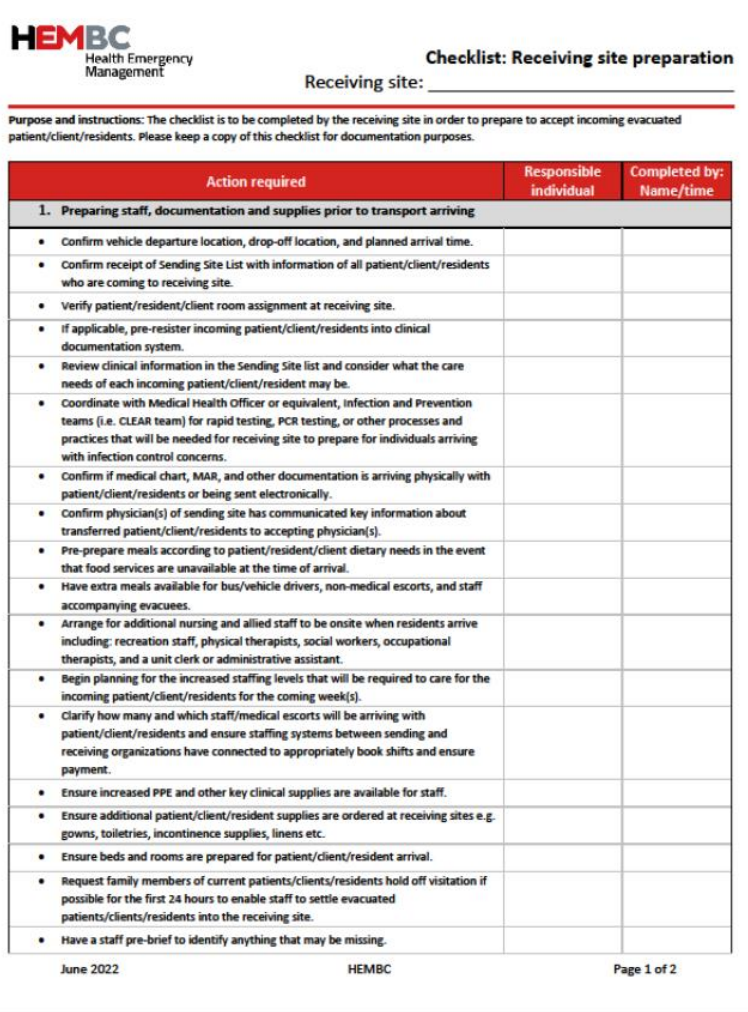
2. List of Documents that Need to be Completed and Reviewed		
• List of patient/client/residents that will be evacuated (i.e. Sending Site List)	Sending site	
• Names of medical escorts and non-medical escort accompanying patients/residents/clients (i.e. mobilized staff tracker)	Sending site	
• List of patient/client/resident luggage, personal items, and equipment that will be evacuated.	Sending site	
3. During Unloading – Immediate Response (0-12 hours)		
• Review and check Sending Site list upon evacuated patient/client/resident arrival.		
• Assist patient/client/residents into their room.		
• Assist patient/client/residents with personal needs such as food, water, and washroom usage.		
• Confirm that the correct paperwork (e.g. medical chart, MAR, and other documentation) for each patient/client/resident is available.		
• Confirm that you received a 72-hour supply of medications for each patient/client/resident.		
• Connect with local pharmacies to arrange any missed/lost medications.		
• Review patient/client/resident medical needs, including doing a head-to-toe assessment and checking for scheduled treatments, medications, and essential medical devices.		
• Confirm receipt of all patient/client/resident luggage.		
• Confirm that patient/client/resident has appropriate mobility aids available.		
• Contact patient/client/resident's next of kin and provide receiving site's contact information.		
• Conduct a debrief and handover with staff arriving from the sending site who accompanied the evacuated patient/client/residents.		
• Provide orientation to staff from the sending site who will be staying to work at the receiving site. Include education on safety, clinical documentation systems, equipment, and emergency responses.		
4. The next day – Extended Response (greater than 12 hours)		
• Ensure adequate staffing is scheduled and available for ongoing patient/client/resident care.		
• Routinely review patient/client/resident needs and address any concerns as they arise.		

June 2022 HEMBC Page 2 of 2

Module 5: Reception preparedness

Checklist: Receiving site preparation

- **What:** Checklist to help receiving site prepare for incoming evacuees
  - One (1) per receiving site
- **Who:** Receiving site leader
- **When:** While getting prepared for evacuee arrival and immediately following their arrival



HEMBC Health Emergency Management

Checklist: Receiving site preparation

Receiving site: _____

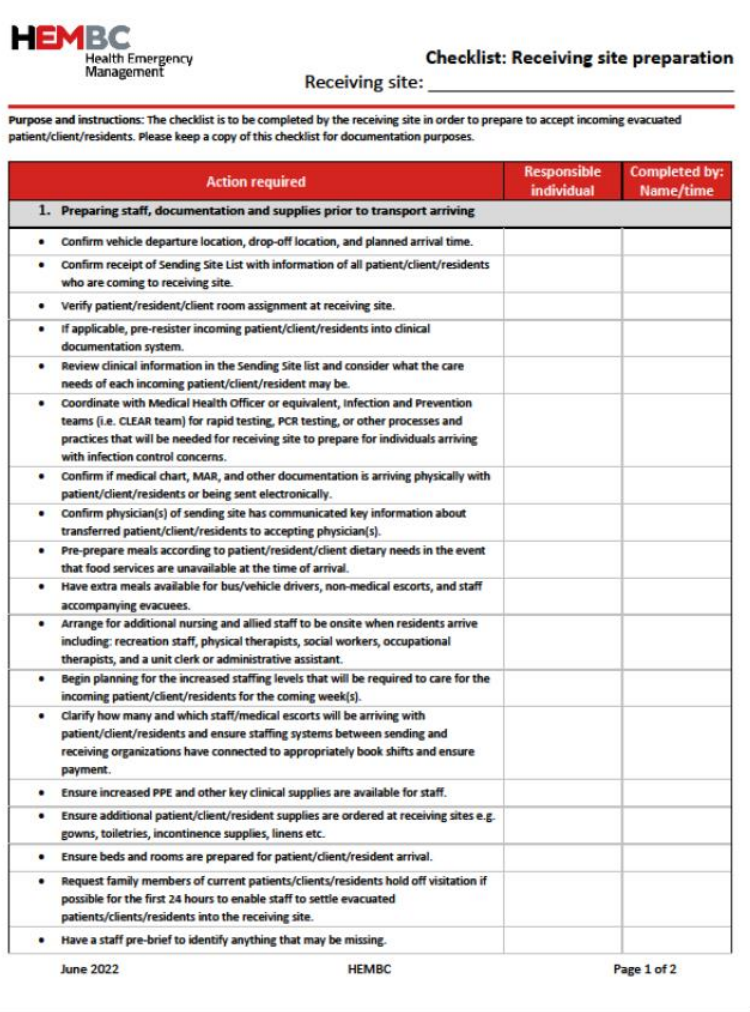
Purpose and instructions: The checklist is to be completed by the receiving site in order to prepare to accept incoming evacuated patient/client/residents. Please keep a copy of this checklist for documentation purposes.

Action required	Responsible individual	Completed by: Name/time
1. Preparing staff, documentation and supplies prior to transport arriving		
• Confirm vehicle departure location, drop-off location, and planned arrival time.		
• Confirm receipt of Sending Site List with information of all patient/client/residents who are coming to receiving site.		
• Verify patient/resident/client room assignment at receiving site.		
• If applicable, pre-resister incoming patient/client/residents into clinical documentation system.		
• Review clinical information in the Sending Site list and consider what the care needs of each incoming patient/client/resident may be.		
• Coordinate with Medical Health Officer or equivalent, Infection and Prevention teams (i.e. CLEAR team) for rapid testing, PCR testing, or other processes and practices that will be needed for receiving site to prepare for individuals arriving with infection control concerns.		
• Confirm if medical chart, MAR, and other documentation is arriving physically with patient/client/residents or being sent electronically.		
• Confirm physician(s) of sending site has communicated key information about transferred patient/client/residents to accepting physician(s).		
• Pre-prepare meals according to patient/resident/client dietary needs in the event that food services are unavailable at the time of arrival.		
• Have extra meals available for bus/vehicle drivers, non-medical escorts, and staff accompanying evacuees.		
• Arrange for additional nursing and allied staff to be onsite when residents arrive including: recreation staff, physical therapists, social workers, occupational therapists, and a unit clerk or administrative assistant.		
• Begin planning for the increased staffing levels that will be required to care for the incoming patient/client/residents for the coming week(s).		
• Clarify how many and which staff/medical escorts will be arriving with patient/client/residents and ensure staffing systems between sending and receiving organizations have connected to appropriately book shifts and ensure payment.		
• Ensure increased PPE and other key clinical supplies are available for staff.		
• Ensure additional patient/client/resident supplies are ordered at receiving sites e.g. gowns, toiletries, incontinence supplies, linens etc.		
• Ensure beds and rooms are prepared for patient/client/resident arrival.		
• Request family members of current patients/clients/residents hold off visitation if possible for the first 24 hours to enable staff to settle evacuated patients/clients/residents into the receiving site.		
• Have a staff pre-brief to identify anything that may be missing.		

Module 5: Reception preparedness

Checklist: Receiving site preparation

- Preparing staff, documentation and supplies before transport arrives
- During unloading
  - Go through *sending site list*
  - Assist patient/residents' to rooms, food, water, washroom usage
  - Review patient/residents' medical needs
  - Confirm 3-day supply of medication
  - Contact patient/residents' families
  - Check in with staff that arrived with patient/residents'
- Next day
  - Review staffing needs
  - Ensure contact with family
  - Review residents' needs and address any concerns



HEMBC Health Emergency Management

Checklist: Receiving site preparation

Receiving site: _____

Purpose and instructions: The checklist is to be completed by the receiving site in order to prepare to accept incoming evacuated patient/client/residents. Please keep a copy of this checklist for documentation purposes.

Action required	Responsible individual	Completed by: Name/time
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• Confirm if medical chart, MAR, and other documentation is arriving physically with patient/client/residents or being sent electronically.		
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• Begin planning for the increased staffing levels that will be required to care for the incoming patient/client/residents for the coming week(s).		
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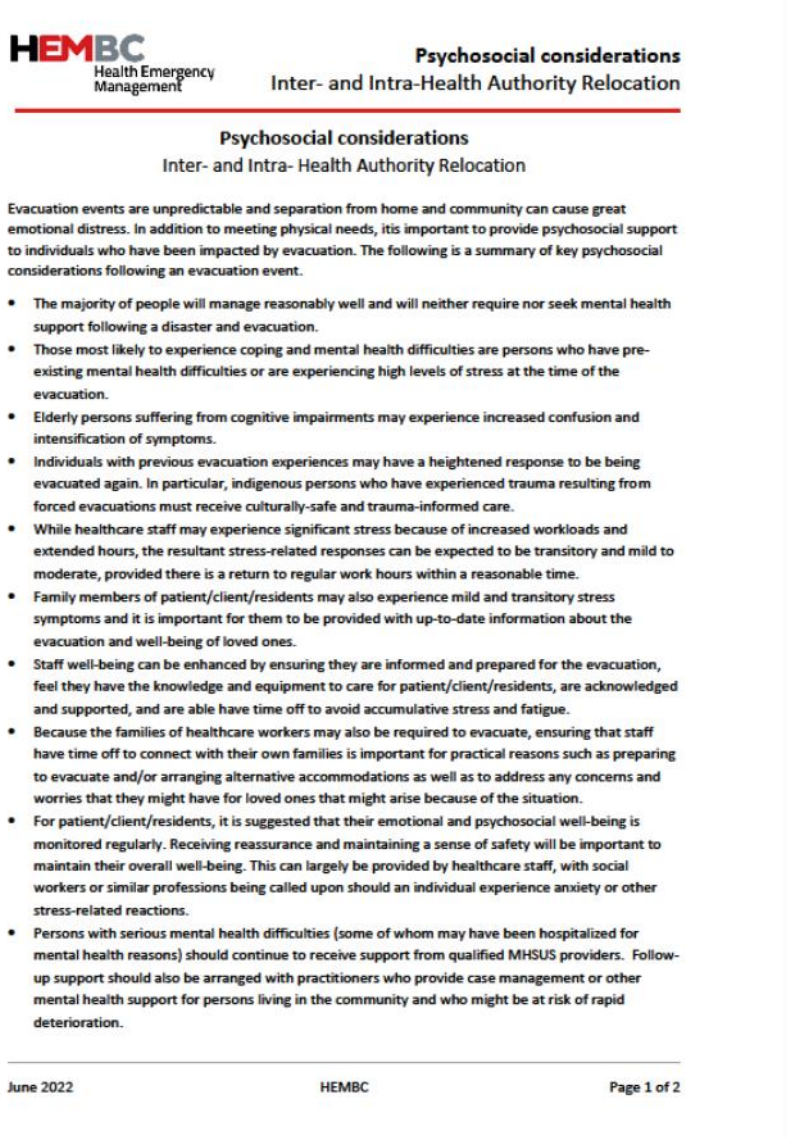
• Ensure additional patient/client/resident supplies are ordered at receiving sites e.g. gowns, toiletries, incontinence supplies, linens etc.		
• Ensure beds and rooms are prepared for patient/client/resident arrival.		
• Request family members of current patients/clients/residents hold off visitation if possible for the first 24 hours to enable staff to settle evacuated patients/clients/residents into the receiving site.		
• Have a staff pre-brief to identify anything that may be missing.		

June 2022 HEMBC Page 1 of 2

Module 5: Reception preparedness

Psychosocial resources

- **What:** Provides information related to psychosocial support and related resources
  - Reference tool
- **Who:** Receiving site staff
- **When:** During and after an evacuation



HEMBC Health Emergency Management

Psychosocial considerations
Inter- and Intra-Health Authority Relocation

Psychosocial considerations

Inter- and Intra- Health Authority Relocation

Evacuation events are unpredictable and separation from home and community can cause great emotional distress. In addition to meeting physical needs, itis important to provide psychosocial support to individuals who have been impacted by evacuation. The following is a summary of key psychosocial considerations following an evacuation event.

- The majority of people will manage reasonably well and will neither require nor seek mental health support following a disaster and evacuation.
- Those most likely to experience coping and mental health difficulties are persons who have pre-existing mental health difficulties or are experiencing high levels of stress at the time of the evacuation.
- Elderly persons suffering from cognitive impairments may experience increased confusion and intensification of symptoms.
- Individuals with previous evacuation experiences may have a heightened response to be being evacuated again. In particular, indigenous persons who have experienced trauma resulting from forced evacuations must receive culturally-safe and trauma-informed care.
- While healthcare staff may experience significant stress because of increased workloads and extended hours, the resultant stress-related responses can be expected to be transitory and mild to moderate, provided there is a return to regular work hours within a reasonable time.
- Family members of patient/client/residents may also experience mild and transitory stress symptoms and it is important for them to be provided with up-to-date information about the evacuation and well-being of loved ones.
- Staff well-being can be enhanced by ensuring they are informed and prepared for the evacuation, feel they have the knowledge and equipment to care for patient/client/residents, are acknowledged and supported, and are able have time off to avoid accumulative stress and fatigue.
- Because the families of healthcare workers may also be required to evacuate, ensuring that staff have time off to connect with their own families is important for practical reasons such as preparing to evacuate and/or arranging alternative accommodations as well as to address any concerns and worries that they might have for loved ones that might arise because of the situation.
- For patient/client/residents, it is suggested that their emotional and psychosocial well-being is monitored regularly. Receiving reassurance and maintaining a sense of safety will be important to maintain their overall well-being. This can largely be provided by healthcare staff, with social workers or similar professions being called upon should an individual experience anxiety or other stress-related reactions.
- Persons with serious mental health difficulties (some of whom may have been hospitalized for mental health reasons) should continue to receive support from qualified MHSUS providers. Follow-up support should also be arranged with practitioners who provide case management or other mental health support for persons living in the community and who might be at risk of rapid deterioration.

Module 5: Reception preparedness

Review

Scenario

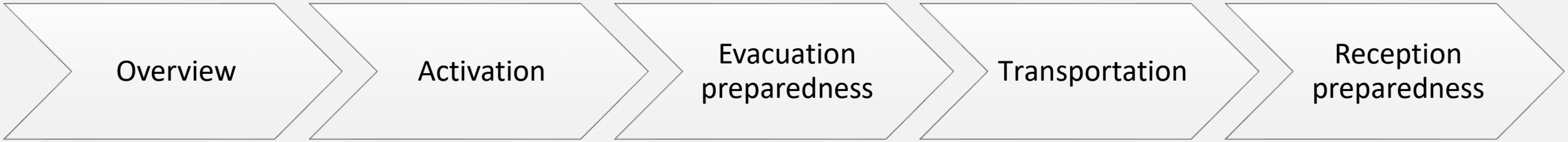
A tsunami warning has been issued off the coast of Vancouver Island. A large number of healthcare sites are being evacuated into the mainland, requiring multi-health authority support to manage the volume of evacuees. Your site has been identified as a receiving site for approximately 30 patient/client/residents. They are expected to arrive in approximately 18 hours.

Questions

1. Given the scenario, what tool(s) could you use to help prepare for the receiving of the patient/client/residents?
2. What other key considerations should be taken at this stage?

Review

- Overview
- Activation
- Evacuation preparedness
- Transportation
- Reception preparedness



Closing remarks

- Feedback, questions, comments please reach out to Nicole.spence@phsa.ca