**HURRICANE EVACUATION PLAN**

**DURING A HIGHLY CONTAGIOUS INFECTIOUS DISEASE OUTBREAK   
  
 FOR A SKILLED NURSING FACILITY,   
PALM BEACH COUNTY, FLORIDA**

**THIS DISASTER PLAN WAS PREPARED AS A PUBLIC HEALTH SERVICE BY:**

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In Fulfillment of their Graduate Studies Course Requirements

GPH-GU 5270 Management of Public Health Disasters

New York University School of Global Public Health

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**Preface**

Severe storms and hurricanes are common occurrences in South Florida, including in Palm Beach County. NOAA National Hurricane Center data document 18 direct hurricane strikes to Palm Beach County alone from 1900-2010; 8 were category 3 or higher.9 With 57 hurricane level storms have passed within 125 miles since 1886,6 Palm Beach County has some of the highest severe storm activity in the state of Florida,9 which itself is the most active area for severe storms and hurricanes in the United States.

While the threat of hurricanes brings driving rains and high winds, one of the most pressing concerns for Palm Beach County is the associated storm surge and flooding. Much of Palm Beach County is flat and sits very close to sea level. This poses a great risk to storm surge related flooding, especially in coastal areas.6 While this specific Skilled Nursing Facility is not within an established evacuation zone, there is a chance that there will be a need to evacuate the facility in the event of a severe storm. This is especially a consideration given that climate change is expected to increase not only the frequency, but also the severity of storms in the coming years.6

Compounding the challenge of a safe hurricane evacuation is the current COVID-19 pandemic. Experts still do not know how long this pandemic will last, nor if the severity will increase. While the current pandemic will eventually end, the likelihood of another global infectious disease outbreak is ever-present, along with the threat of severe storms. It is almost inevitable that there will be a time when evacuation of the skilled nursing facility is necessary, possibly even during the current COVID-19 pandemic. This dual threat is especially challenging now, in fact, the American Red Cross has noted that they are currently *sheltering more Americans this year than any other time in their recorded history*.7 The compounding effects of a pandemic on other emergencies such as hurricanes are causing more and more people to need shelter, and in turn, this may result in overcrowding and lack of safe social distancing in these facilities. **This combination creates a perfect environment for the increased spread of disease.** Residents of long-term care facilities are among the highest risk populations to succumb to infectious diseases such as COVID-19. It is essential that in the event of an evacuation, concurrent with the additional threat of a pandemic, that these clients have a plan in place to protect them from dual threatening disaster events.

With the frequency of regular severe storm activity and the general low-lying topography, it is imperative that nursing facilities in Palm Beach County have a robust evacuation plan for severe storms. While separate evacuation and pandemic plans exist, a plan that combines both of these scenarios is critical - especially in the current global COVID-19 pandemic which has no end in sight. This annex provides guidance for measures to be taken during the event of a hurricane evacuation during an infectious disease outbreak.

**SIGNATURE PAGE***The undersigned have reviewed and accepted this annex to the disaster preparedness plan for the Skilled Nursing Facility.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*TBD Date*

*Director of Florida Department of Health,   
Palm Beach County*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date*

*TBD,   
Health Care District of Palm Beach County*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*TBD Date*

*Executive Director, Skilled Nursing Facility*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*TBD Date*

*Director of Clinical Services, Skilled Nursing   
Facility*

**MISSION**The mission of the Health Care District of Palm Beach County is to “provide access to quality health care services to residents.” ¹

The mission of the skilled nursing facility is to provide healing and hope and to help all residents in the county achieve and maintain their highest level of social and functional potential. ¹

**STATEMENT OF PURPOSE**

The purpose of this disaster plan annex is to establish an emergency preparedness and response plan for a skilled nursing facility with attention to a dual threat of a hurricane requiring emergency evacuation during a serious infectious disease epidemic or pandemic. This plan will draw from the pre-established hurricane evacuation and pandemic plans to provide additional and specific guidance on procedures to protect the health and safety of vulnerable nursing center clients.

**AUTHORITIES**

Florida Administrative Code & Florida Administrative Register *F.A.C.59A-4.126*  
establishes the codes for Disaster Preparedness as it pertains to Nursing Home Facilities. According to FAC 59A-4.126, all nursing homes must provide a written plan defining protocol to follow in the event of a disaster. ²

*Florida Statute 400.23* mandates that nursing homes in the state prepare a comprehensive emergency management plan following consultation with the state Division of Emergency management that is updated annually.3   
  
*Florida Statute 483.73* requires that long term care facilities create and implement emergency preparedness policies and procedures that account for the provision of subsistence needs for residents and staff such as food, water and alternative energy sources while also ensuring that safe temperatures are maintained and waste is disposed of in a sanitary manner.4

*CMS Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule* is a national mandate requiring facilities that participate in the Medicare or Medicaid program to guarantee sufficient planning for both man-made and natural disasters.10

**DEFINITIONS**

**Ambulatory Patients:** Individuals who are able to mobilize themselves without any assistance from staff.

**Epidemic:** The uncontrolled spread of disease at above expected prevalence in a specific community or country.   
 **Evacuation:** Leaving an affected building or location when there is an imminent threat and more favorable conditions can be reasonably reached elsewhere.

**Hurricane:** Any severe tropical cyclone given a designation (1-5) on the Saffir-Simpson Hurricane Wind Scale 5,8

**Hurricane Alert:** Issued when a storm threatens an area with the possibility of increasing to a hurricane. Issued by the National Hurricane Center 5

**Hurricane Watch:** Issued when there is a threat of a hurricane within 24-36 hours 5

**Hurricane Warning:** Issued when there is expected hurricane conditions within 24 hours 5

**Incident Commander:** The individual in charge of all incident command management, overseeing all actions throughout the preparation, response, and recovery phases of any incident.

**Incident Command System (ICS):** The standardized command structure to be activated and used during any emergency incident.   
  
**Isolation:** restricting the movement of populations at-risk in order to separate ill, infectious and/or contaminated persons to prevent the transmission of disease/contamination to others.

**Major Hurricane:** Any hurricane given a Saffir-Simpson Hurricane Wind Scale designation of 3 or higher. 8

**Mutual Aid:** The prearranged provision of services between two or more entities related to human and material resources when essential resources of one party cannot meet the needs of the emergency or disaster.5   **Non-Ambulatory Patients:** Individuals who cannot move themselves requiring a stretcher or a wheelchair pushed by staff

**Pandemic:** The uncontrolled spread of disease above expected normal prevalence across the globe.

**Personal Protective Equipment (PPE):** Gloves, masks, gowns, goggles, face shields, or any other clothing or equipment designed to protect the individual wearing it from infection.

**Semi- Ambulatory Patients:** Individuals in need of some help from staff but can move themselves with a wheelchair or walker.

**Shelter in Place:** Remaining in the same location in the event of a threat where relocation poses a greater threat than remaining in place.5

**Storm Surge:** High and forceful dome of tidal waters driven by wind that sweeps the coastline due to a hurricane or other intense storm, and whose measurements are determined by the difference between the observed sea level versus the level the sea would have been in the absence of the storm.

**COMMUNICATIONS PLAN**   
  
In the event of a tropical storm or Hurricane Alert, the Incident Commander will follow and track the emergency broadcast systems via radio, television, internet or NOAA weather radio. The Incident Commander will notify the rest of the Incident Command Team and staff if the storm progresses to Hurricane Watch or Hurricane Warning by issuing “Code Green.” 5   
  
Once notified of Code Green, department heads will conduct an audit to make sure the facility is stocked up with adequate food, linens and medication - including a 7-day surplus of medications. The department heads will also review the checklist for sheltering in place at this time. During Hurricane Watch, facilities with mutual aid agreements will be notified of the potential for contract activation. Mutual aid facilities and the local department of health will be notified of any infectious disease cases being isolated and treated in the skilled nursing facility. Special plans will be made by the Incident Commander and Logistics Officer (if activated) in coordination with the county health department to ensure that these clients can be safely transferred and accommodated, should evacuation be necessary.5    
  
If the Hurricane Watch progresses to Hurricane Warning, the Incident Commander will activate the Incident Command Center, and all key staff will be notified. Staff will be informed via text message, Snapcom, and Crisis Link. Additionally, the Director of Clinical Services will review the Infection Prevention protocols with staff so that standard precaution can be taken in the event of either shelter in place or evacuation. 5Residents of the skilled nursing facility and resident representatives will be notified about the hurricane threat by Social Services, who will also communicate the facility’s plan to evacuate or shelter in place.5 The decision to evacuate or to remain at the facility will be coordinated with the CEO of the Health Care District of Palm Beach County, as well as with local health and emergency management officials. The Incident Command Team and staff will conduct a facility check inside and outside to account for all residents. In the event of an evacuation, the relevant Incident Command Team officer will communicate to the CEO, Chief Legal Officer, and Risk Management Department of the Health Care District to keep them aware of all developments.5

**MUTUAL AID AGREEMENTS**In the event of a hurricane or dual disaster, the skilled nursing facility has reciprocal agreements with five institutionsin other areas of the county.5

If supplementary transportation is required in addition to the facility vans and buses, transportation will be coordinated with two pre-determined transportation companies.5

**CONCEPT OF OPERATIONS (CONOPS)**

**Brief Background**As previously covered in the base plan, South Florida is highly vulnerable to hurricanes that may pose a direct threat to human life and may also compromise life-supporting infrastructure. In fact, 40% of the hurricanes that impact the United States hit Florida. 10 A highly infectious disease outbreak, like the current Covid-19 pandemic, intensifies human health risks and complicates the evacuation efforts of a skilled nursing facility and other comparable long-term health care facilities during a hurricane. Thus, it is important for the protection of the health of those under our care to address the possibility of the dual hazards converging and to establish a concrete plan for that scenario.

**Needs Assessment**

The needs of the skilled nursing facility and its clients during a hurricane will depend on the projected storm trajectory and whether the facility must shelter-in-place or evacuate. This specific plan is tailored to an evacuation.

**Population**  
The needs of a skilled nursing facility population during a hurricane evacuation will change pending the mobility and medical requirements of everyone. Clients will be assessed and categorized by floor staff as ambulatory, semi-ambulatory, non-ambulatory, critically ill and in need of ongoing monitoring, having special needs that require significant assistance from staff, or “in immediate danger.” 10 All clients who are categorized as anything other than ambulatory will require the assistance of staff to evacuate. If a hurricane evacuation is deemed necessary, the transfer of clients and staff to the receiving facility must be complete before tropical storm winds (39mph) arrive. The gathering of medicines, personal items, medical record copies, and foods and snacks - including for clients with dietary restrictions - as well as coordination with the receiving facilities and preparation for transfers requires six hours according to facility estimations. 10 Additional travel time will need to be accounted for, and that time will depend on which mutual aid facilities will be receiving the facility’s clients.   
  
In the event of an evacuation during an infection disease outbreak, it is critical that all staff and clients continue to observe communicable disease guidelines including the use of PPE equipment (masks, gloves), and to isolate cases and exposed clients and transfer them separately to the designated receiving facility. Clients who are positive with Covid-19, or a similar airborne infectious disease, need to be transferred alone with a single nurse who must be equipped with PPE. Vulnerable populations at the facility must be monitored closely, as many skilled nursing facilities provide care for clients with traumatic brain injuries and special memory care needs who may require additional attention and situational awareness communication during an evacuation.

**Facilities**

In the event of a hurricane evacuation, the building will need to be vacated from the top floors down unless the Incident Commander, Director of Clinical Services, Nurse Supervisor, or local emergency response personnel determines otherwise. Evacuation will go unit by unit, floor by floor. 10 The Incident Commander or a designee will undertake command of the facility and conduct a headcount of staff and clients before and after the evacuations to ensure that everyone is accounted for. A safe staging area will be determined to hold equipment and supplies as necessary, and a holding area for clients may also be required while awaiting transfer.   
  
Once mutual aid facilities have been determined and contacted, the Incident Commander will inform the Palm Beach County Emergency Operations Center and American Health Care Association of the evacuation. The Incident Command Center shall provide preliminary information to mutual aid facilities about the incoming patients coming from the skilled nursing facility.   
  
Once the hurricane event has passed, the facility will be assessed completely both internally and externally by the facilities department to determine if the center can reopen and if services can resume. If necessary, repairs are beyond the scope of the facilities staff, the relevant contractors will be hired. If structural damage has occurred, engineers will be brought in. The AHCA will be informed of the facility status, and clearance will need to be obtained before residents can return in the event of serious damage to the building. 10

**Transportation**

In the event of evacuation, clients will be transported to appropriate facilities in one of the following ways:

1. For clients who are ambulatory and semi-ambulatory, do not need constant specialized medical care, and are not suspected of being exposed to any infectious disease threat, transport will be completed using the two buses which the skilled nursing facility owns. All clients will wear appropriate PPE as recommended by the CDC for prevention of transmission of the infectious agent for the entirety of transportation.
2. For clients who are non-ambulatory, or need any sort of advanced medical care, and are not suspected of being exposed to any infectious disease threat, transport will be completed via ambulance through mutual aid agreements with emergency medical agencies. All clients will wear appropriate PPE as recommended by the CDC for prevention of transmission of the infectious agent for the entirety of transportation.
3. Clients who have been exposed, or have suspected exposure, will not be transported with any unexposed clients. Separate transport will occur:  
   1. Via buses owned by the facility in groups for all clients who are ambulatory and semi-ambulatory, and do not need constant specialized medical care. All clients will wear appropriate PPE as recommended by the CDC for prevention of transmission of the infectious agent for the entirety of transportation.
   2. Via ambulance through mutual aid agreements with emergency medical agencies for all clients who are non-ambulatory or need any sort of advanced medical care. All clients will wear appropriate PPE as recommended by the CDC for prevention of transmission of the infectious agent for the entirety of transportation.

All clients, regardless of mobility constraints and medical needs, who have not been exposed to the infectious agent of concern will be transported first, so as to limit the possibility of exposure from vehicles previously used by infected persons.

**Matching Available Resources to Needs**

Through established mutual aid agreements and the resources currently available, the needs of all clients - including those with more specialized care needs - can be met. There is a possibility that the capacity to transport non-ambulatory clients will be insufficient due to overextension of partner organizations. In this case, all clients who are to be transported by bus will be transported, while as many needing ambulance transport as possible are relocated as well. Anyone remaining that needs ambulance transport will then be transported individually in the buses, with dedicated medical staff to make up for the lack of ambulance availability.

**Medical Care**

Continuing medical care will be provided by nursing staff who will remain with the clients throughout the event. Communications with receiving centers will be made in advance to accommodate clients upon arrival and ensure continuity of care.

Specific to an infectious disease threat, clients should be continuously monitored for the disease of interest just as they were before evacuation.

* **Testing**
  + Provided testing for the disease of interest for all clients as indicated by medical staff protocols, clients and staff should be tested at intervals or upon indications dictated by CDC or local health authorities.
  + **If clients have been suspected of exposure to the disease of interest:** 
    - Testing to the extent possible should occur upon arrival at the next facility. Clients will be kept isolated from those who have no suspected exposure.
    - If exposed while at the evacuation facility, clients should be isolated immediately and tested as protocols suggest.

**Medical and Pharmaceutical Supply**

Basic medical and pharmaceutical supplies will be provided by the receiving medical center. All clients will travel with their medical records and charts indicating any supply or pharmaceutical need beyond basic care. For clients with unique pharmaceutical requirements, the facility staff will liaise with the receiving facility to ensure adequate supplies and continuity of care on a case-by-case basis.

**PPE**

PPE requirements vary by infectious agent, but the primary PPE required in most cases are masks and gloves. The facility has already identified sufficient vendors to supply regular PPE to the facility with the capacity for surge stock in case of emergency. Health care staff will need more advanced PPE including but not limited to gowns, N95 masks, and Face shields. Suppliers of PPE to the facility also have the capacity to supply these items on a regular basis and during a surge event.   
  
**Water, Food & Housing**

In preparation of a hurricane evacuation, staff will prepare snacks, meals and water to accompany clients for their transfer. The receiving mutual aid facilities will be responsible for providing appropriate and adequate food, water and shelter for the facility’s clients once they are in their custody. They will be notified of incoming clients with special dietary needs. Food services on site at the evacuated facility will shut down once the transfer of clients is complete.

At the receiving mutual aid facilities, incoming clients from the evacuated facility should be housed in private single unit rooms or in cohorts per needs. Any client who has been exposed to highly infectious communicable diseases, as in the case of Covid 19, will require a private isolated room with an individual private bathroom and sink.

**Communication**

During a hurricane evacuation event, telecommunications, including Snapcom and Crisis Link, will be utilized between the incident command center, staff, family members, and emergency management agencies. Nursing staff from the evacuating facility will communicate directly with the staff at the receiving mutual aid facility before the transfer of clients occurs. The local health department will be made aware of any highly infectious disease cases at the evacuating facility, such as Covid 19, and their transfer status before, during and after the evacuation. After all clients from the evacuating facility have been safely transferred to the receiving institution, the Incident Commander will be notified. The Incident Command Center will communicate with the local emergency management authorities and stay in continual communication until the evacuated facility has been repopulated. 10 Family members of the evacuating facility residents will be notified by Social Services, who will supply them with the contact information for the receiving institution. Additionally, family members will be given the contact information for the Lead Nurse from the evacuating facility as well as contact information for the fire department closest to the receiving mutual aid facility. The Director of Communications will serve as the Public Information Officer and will be the point of contact for all media. 10

**Evaluation the Effectiveness of the Disaster Response**

Following the hurricane, the facility and staff will move into the recovery phase of the response. At this point, the Incident Commander and the Incident Command Team will begin the deactivation process to end disaster response protocols. Following deactivation, a hot wash, or short immediate assessment, should be carried out by staff to provide insight into the strengths and weaknesses of the evacuation response. 11 After the hot wash, a formal after-action report should be generated to record the lessons that were learned and areas in the response that need to be improved upon for future evacuations and hurricane responses. Action points for improvement should be immediately integrated into an updated version of the disaster plan.

**ANNEX 1: Threat and Hazards Assessment Table (THIRA)**

|  |  |  |
| --- | --- | --- |
| Natural | Technological | Human-caused |
| Resulting from acts of nature and the environment | Involves accidents or system failure | Resulting from human actions |
| * Flooding   Palm Beach County (PBC) is a low-lying and heavily developed county on the Atlantic Coast that experiences a cycle of wet and dry seasons. PBC frequently experiences intense rainfall and tropical storms, especially during hurricane season. These characteristics make PBC especially vulnerable to flooding - particularly when intense rainfall occurs late in the wet season when the ground is saturated and there is a high-water table. Floods in PBC threaten damage to local agriculture and cattle pastures, roadways, marinas, homes, and could potentially lead to loss of life.14   * Hurricane / Tropical Storm   Florida is the most vulnerable state in the nation when it comes to the impact of hurricanes, and the south-central region is particularly at risk because of its low-lying and flat topography. Records show that since 1886, 57 hurricane level storms have passed through the area ranging within 125 miles of PBC. Tropical storms and hurricanes can cause direct property damage and loss of life, as well as significant economic and infrastructural disruption.   * Tornado   NOAA reports Florida to have the highest number of tornadoes per square mile in the United State and lists the state as third in the nation for the annual average number of tornado strikes. The entire PBC region is vulnerable to tornadoes which strike quickly and present short windows for people to make decisions that can mean life or death. Tornadoes can lead to injuries, fatalities, severe property destruction and disruption to local infrastructure.14   * Sea level rise   Global sea levels have risen eight inches since 1870. Projections estimate a 6 to 10-inch increase by 2030 for Southeast Florida and a 14 to 26-inch increase by 2060 above the mean 1992 sea level.14 The most imminent hazards resulting from sea level rise in PBC include the potential for coastal flooding in inland areas, more frequent floods in vulnerable coastal zones, and impairment of the inland area’s stormwater infrastructure which could result in further flooding.   * Fire   Fires, including urban and wildfires, pose a hazard to PBC. The part of PBC most vulnerable to fires are the “wild land urban interface areas” where developed regions border wild and underdeveloped natural areas. PBC experiences both wildfires and urban fires sparked by lightning strikes. Fires can cause loss of life, destruct property and infrastructure, and lead to poor air quality.   * Pandemic / Epidemic   The high number of tourists and travelers that flock to the state put Florida at a high vulnerability to potential infectious or communicable disease outbreaks. Populations vulnerable to an outbreak including migrants, young children, those with disabilities and physical illnesses, and the elderly living throughout PBC. | * **Dike Failure**   Lake Okeechobee covers 730 square miles and is the largest natural freshwater lake in the continental US after the great lakes. Roughly 250 square miles of Lake Okeechobee falls into PBC geographical limits. The lake is surrounded by the Herbert Hoover Dike, an earthen dike varying from 32 to 46 feet above sea level. A dike failure has the potential to cause damage to the local environment and the economy and could put nearby residents in physical danger.13   * **Hazardous materials release**   Hazardous materials are found across PBC and the unintentional release of these materials into the local environment can occur. The most common of these events consists of natural gas leaks and fuel spills which pose a threat to the local ecology and could be harmful to humans if exposed.   * **Coastal Oil Spill**   All 46 miles of coastline in PBC are at risk for the possibility of an oil spill. A large coastal oil spill would be detrimental to human health, could contaminate the local environment, and would trigger a decrease in tourism, negatively impacting the economy.13     * **Transportation Incident**   As the third most populous  county in Florida, PBC is a  metropolitan community that  utilizes a complex and  integrated transportation network that includes airports, seaports, railways and roadways. A large scale  transportation emergency has the potential to debilitate the region and could have  catastrophic ripple effects.13 | * **Workplace / School Violence**   Violence in the workplace and schools can take place without warning. Instances of workplace and school violence are rising nationally, and PBC is no exception to this trend. The 2018 mass shooter event at Marjory Stoneman Douglas High School in neighboring Broward county led to 17 deaths and 14 injuries – emphasizing the need to prepare for these kinds of events in PBC.13   * **Terrorism**   PBC is an important economic and tourism hub for the United States, therefore making it a possible target for terrorist activities. Vulnerable sites in the county include government buildings, critical infrastructure, tourist sites, centers of industry and large gatherings and special events. Terrorism poses a direct threat to human lives and infrastructure but also indirectly threatens the social environment and collective psychology of those impacted.14   * **Cyber Attacks**   As the world becomes increasingly more digital, more people possess the ability to launch a cyber-attack that could disrupt infrastructure or steal private information from lay citizens. These digital assaults have the potential to knock out power line controls, transportation networks, or interfere with financial transactions and other essential operations.   * **Mass Migration**   PBC has a few coastal areas that are considered susceptible in the event of a mass migration to the region. Mass migration has the potential to trigger a number of hardships and hazards. For example, providing mass refugee care that includes shelter, food, water, transportation, medical, police protection and other social services may overwhelm local resources during a sudden surge of persons arriving at one time. |

Diagram

Description automatically generated

**ANNEX 3: COMMUNITY TRAINING PLAN**

|  |  |
| --- | --- |
| **Training Seminar Title:** Staging and Transport for Evacuation with an Infectious Disease Threat | |
| Objectives of your Training  Seminar (What mitigation strategy  are you advocating?) | Strategies and protocols for infection prevention and control in the case of evacuation of the skilled nursing facility. |
| Estimated Length of Training | 3 Hours |
| Target Audience and max size of audience | Facility patient care staff, EMS Mutual Aid agency representatives, facility ICS officials |
| Who would be a good candidate (e.g., structural engineer, health dept. official, first responder?) as Facilitator of this session? Why? | Incident Commander of Facility  TBD Representative for the Health Care District of Palm Beach County.  -These people both have a long history of success in healthcare operations management, and they currently oversee emergency operations for the facility. |
| What do you want community members to do as a result of their attending this session? | Attendees will have the following after the training:   * A detailed understanding of the PPE available for use during evacuation * Understanding of staging procedures for evacuation from the facility * Clear procedure for evacuation order in an infectious disease scenario * Procedures during transport to the receiving facility * Solidify communication networks between agencies in the case of evacuation |
| Strategies to increase community uptake of your mitigation (We have lots of useful links for checklists on Course Home page under the Important Links page.) | * Copies of the Evacuation During a Pandemic plan will be distributed to all participants. * Hands on Proper PPE use demonstrations and practice * Table top evacuation scenario exercise executed by all participants * Peer review/after exercise reflection for best practices and areas of improvement |

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