

2009 Pediatric / Neonatal Hurricane Evacuation Plan

Developed by: Children's Transport Association of Texas

Background

Several children's transport systems have been involved in responses to hurricanes both in Texas and Louisiana over the past 5 years. This plan has been developed on lessons learned during those events and serves as an outline only. All teams should have signed MOA's with the State of Texas for response purposes.

Notification Stage

Upon the development of tropical weather within the Gulf of Mexico, conference calls will be scheduled for program managers from each team participating. During these conference calls the following should be discussed:

1. Projected path
2. Updates, if any, from the SOC
3. Review of potential patient information from EMSsystem/WebEOC
4. Status of resources (helicopters, fixed wings, ambulances, coordinators)
5. Notification numbers
6. Participation on SOC calls
7. Planning resources for RMOC
8. Time for next conference call

Planning Stage

Projected storm paths into the Texas coast, of significant strength with anticipated evacuations, will result in an initial response as appropriate. Conference calls should continue with the additional information:

1. Status of State activations
2. Determination of key personnel
 - a. RMOC schedule
 - b. FCE Group assignments (Airport, Hospital, LZ coordinators) and deployment if appropriate. Plan for relief if needed.
3. Response equipment planning
 - a. Satellite/cell phones/pager
 - b. Laptop Computers
4. Potential evacuation facilities with neonatal/pediatric populations
 - a. Identification of high volume facilities
 - b. Regionalized facilities of lower volume facilities
 - c. Bed counts
5. Staffing RMOC when opened
6. Deployment of key personnel as appropriate
7. Work with TAAMS, DSHS and FAA on TFR requirements

Response Stage

Evacuations have begun from potentially affected facilities. Conference calls will continue with senior leadership from each team

1. Key personnel on site (refer to attached information)
2. Staffing relief
3. Notification of empty fixed wing legs
4. Equipment replenishing
5. Maintenance issues
6. Coverage of home transports

Recovery / Repatriation

Repatriation of patients into affected areas will be coordinated with DSHS when appropriate. Financial arrangements for repatriation will be discussed at time of request.

Key Roles / Responsibilities

RMOC Coordinator

Role

A representative from one of the responding institutions will participate within the RMOC from the time of opening to closure. The primary responsibility will be the coordination and communication of transportation of specialty team transports during evacuation.

Qualifications

Available for deployment directly to RMOC
Management role in one of the responding teams
Understanding of the RMOC role and responsibilities
Trained to use WebEOC with login information

Responsibilities:

- Provide participating transport programs with specific information regarding the evacuating area including LZ information (lat/long, pad obstructions, weight capacity, closest airport, closest fuel, hotels, food, water) if available, or assign to obtain, then communicate
- Receives call from the evacuating institution
- Enters information into WebEOC
- Obtains patient information from the evacuating institution(s)
- Sends patient demographic spreadsheet to other response team coordinators including: Airport, NICU, PICU, LZ, and home response coordinators
- Calls receiving institution, communicates patient information, transport specific information, and set up ground connect transport for specialty teams transporting patients into accepting facilities
- Update Web EOC
- Plan schedule for relief in RMOC
- Coordinate supply flights/empty legs. Supplies could be medical equipment or staff including pilots.

Airport Coordinator

Role

A representative from one of the responding institutions will participate as a coordinator at the closest evacuation airport. Their primary responsibility will be coordination efforts of all responding specialty teams to facilitate the quick transition of patients transported to the airport by air or ground to the teams and aircrafts providing transit to the accepting facilities. This representative will coordinate evacuations in an impartial nature where the most appropriate team available is utilized.

Qualifications

Clinician preferred
Understanding of an airport environment

Responsibilities:

- Identify crew resources at current and secondary option airport locations (fuel, food, water, hotel, oxygen, etc)
- Identify contact person and numbers for fuel (day and night), oxygen, food, water
- Receive patient demographic spreadsheet from the RMOC Coordinator or directly from WebEOC.
- Receive evacuating hospital information from the NICU, PICU, or LZ coordinators (patient name, destination facility, special requirements, ETA, etc.)

- Coordinate ground or air transport from the evacuating facility to transition patients to the crew and aircraft transporting them to the accepting facility
- Coordinate with the Adult FCE
- Communicate with the RMOC coordinator with patient information, departure time, accepting facility, and ETA
- Document patient name, aircraft tail number and destination

Hospital Unit Coordinator

Role

A representative from a responding facility will send available personnel to the evacuating NICU/PICU/ER to assist with the coordination and transport readiness of specialty patients in these specific areas. Assist the evacuating facility with organization, communication and transport readiness of patients. These personnel would also be responsible for any special needs coordination (ventilators, batteries etc). This individual will serve as the designated Team Leader for the evacuation in conjunction with the RMOC representative.

Qualifications

RN/RT required (preferably with experience in the particular area)
Ability to coordinate within the hospital environment

Responsibilities

- Identify alternative LZ and provide coordinates and specific LZ information to RMOC (and/or airport coordinator?) to be communicated to each transporting team
- Placed in the unit as a unit coordinator
- Assist with the patient spreadsheet provided from the evacuating hospital to the RMOC coordinator
- Or receive the patient demographic spreadsheet from the RMOC coordinator
- Assist hospital with patient triage and consider co-horting (mutual referring and team decision)
- Assist and ensure proper family coordination
- Assist bedside personnel with packaging for transport by ground to airport or to LZ and by air to airport
- Communicate to LZ coordinator when leaving unit and ETA to LZ

LZ Coordinator (or Hospital Command Center Coordinator)

Role: A representative from a responding facility will coordinate the Landing Zone efforts with incoming rotor wing aircrafts to transport to the airport or to an accepting facility. This individual would work directly with the State's approved Air Command plan for patient evacuations. In the event helicopter evacuations are not occurring, this individual will work directly with the evacuating hospital command center.

Qualifications

Understanding of the RW environment
Ability to work within the hospital infrastructure

Responsibilities:

- Assist crews in loading RW
- Communicate to Airport Coordinator when lifting or departing, patient information, and ETA to airport or destination facility.
- Coordinate with RWA on short final ground to air communication with incoming aircrafts
- Assist adult rotor wing aircrafts in the same capacity

- If not evacuating via RW, individual would report to evacuating facilities command center.

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