

FLOOD DISASTER EVACUATION OF THE MEDICALLY INFIRM

Issue

In the event of a mass evacuation due to a flood disaster, what provisions are in place or in the planning stage for the special needs of the medically or mentally infirm due to age or disability?

Reason for the Investigation

The recent flood disaster in the City of New Orleans due to hurricane Katrina has heightened the nation's sensitivity to the vulnerability and readiness for such an event in other locations of the country. Many experts agree that the County of Sacramento, located at the foothills of the Sierra Nevada, with its confluent rivers, levees and dams is as, or more, prone to a major flood than the City of New Orleans, and may have the greatest flood risk of any major city in the nation. Our community must be prepared for a mass evacuation of residents of the county, including the medically or mentally infirm due to age or disability.

Method of Investigation

The following officials were interviewed:

- Sacramento County Sheriff's Department
 - Sheriff
 - Undersheriff
 - Chief Deputy Sheriff
 - Assistant Sheriff
 - Emergency Operations Office
 - Emergency Operations Coordinator
 - Interim Emergency Operations Coordinator
 - Administrative Services Officer II
 - Special Operations Division
 - Commander, Volunteer Services Bureau
- Sacramento County Department of Health & Human Services
 - Deputy Health Officer
 - Emergency Operations Coordinator
- Sacramento County Department of Human Assistance
 - Care & Shelter Operations
 - Emergency Response Coordinator
- Sacramento City Police Department
 - Office of Emergency Services
 - Captain, Homeland Security

The following documents, charts and manuals were consulted:

- Inland Region Mass Evacuation System Operations Manual
- County of Sacramento All-Hazards Emergency Operations Plan
- Sacramento County Department of Health and Human Services
 - Emergency Operations Plan
 - Emergency Communications Manual
 - Public Health Preparedness and Response Plan
 - Senior and Adult Services Division Disaster Plan
- Statement of Understanding between the County of Sacramento, the City of Sacramento, and the American Red Cross
- Care and Shelter Plan, a Joint Operational Plan of the Sacramento County Department of Human Assistance and the City of Sacramento Neighborhoods, Planning and Development Services Department

Background and Facts

Summary Overview of Mass Evacuation Preparedness

The primary level of preparedness in the event of a disaster due to a major flood or other cause is the county, or “operational area.” The term “operational area” herein is synonymous with “county” and, unless the context clearly indicates otherwise, refers specifically to the territory within the geographical boundaries of the County of Sacramento. The operational area is responsible for the coordination of resources of all political subdivisions and private agencies within its territory in the event of a mass evacuation due to flood. This function is overseen by the Emergency Operations Office (EOO), and is based on the county’s All-Hazards Emergency Operations Plan. The plan is 80% complete. The detailed Flood Annex to the plan is projected for completion by September 2006.

The All-Hazards Plan defines and coordinates the roles and responsibilities of the various departments of the county during an emergency including, but not limited to, the Department of Health and Human Services (public health), the Department of Human Assistance (care and shelter), the Department of Water Resources (dimensions, projection of flow), and the Sheriff’s Department (evacuation, law enforcement). Each of these departments is charged with the development of standard operating procedures prescribing the detailed implementation of their respective duties.

Hence, the Sheriff’s Department is charged with the development of standard operating procedures in response to a mass evacuation due to a flood disaster. Such a detailed plan would, for example, prescribe the implementation of evacuation procedures, including traffic, designation of probable evacuation routes, contra-flow, transportation, importation of emergency supplies, and so on, in light of the nature, location and dimensions of the event. The sheriff would not be operating alone on these matters, but in coordination with other law enforcement agencies, including the California Highway Patrol, as well as the California Department of Transportation (CalTrans). The sheriff, who would order an evacuation, is also responsible for the communication of the order by way of door-to-door contact, prime media outlet, emergency alert system, phone banks and “reverse 911” (automatic telephone warning system).

These standard operating procedures have not yet been fully developed by the Sheriff's Department. It is projected, however, that an initial draft of a "well organized procedure" will be developed by the sheriff, in conjunction with other pertinent agencies noted above, and presented for further review and refinement by August 2006. It is acknowledged that the most difficult aspect of the project will concern the special needs populations.

The next level of preparedness, in the event of a disaster which transcends county lines, is the region, consisting of eleven counties, known as the Inland Region of California, or Region IV. (See attachment A.) Preparedness at this level is based on the Regional Plan. This plan is a response to the movement of large numbers of persons from one operational area to another, which a single operational area or a group of operational areas acting independently could not handle effectively.

The Regional Plan is activated by a notification call-out by the Governor's Office of Emergency Services (OES). Once activated, the responsibilities of each operational area are:

- Make the decision to evacuate residents
- Provide initial warning and instructions to evacuees
- Manage evacuee movement onto major evacuation corridors leading out of the operational area
- Support shelter operations within the operational area
- Manage the return of evacuees into the operational area

Joint regional responsibilities would include:

- Assist evacuee movement along major evacuation corridors from one operational area to another
- Manage shelter operations in the host operational area(s)
- Provide shelter information and instructions to evacuees

The Regional Plan also involves coordination with state agencies, such as the Department of Transportation, the California Highway Patrol, the Department of Social Services, among others, and with private agencies such as the American Red Cross (ARC), among others, all of which are planning partners with the operational areas. OES is studying the Regional Plan for Region IV as a possible model for other regions.

The development of the Regional Plan has been impaired by a lack of priority interest at the state level. However, since the Katrina disaster, the state has taken an active role in the planning process. The Regional Plan will become official when approved by all participating agencies.

The availability of sufficient resources has been impaired by a combination of circumstances, including the war effort, the needs of the homeland security effort, and the loss of local military bases.

The task of evacuating all or a significant portion of a major metropolitan area is both enormous and complex. The highways, with all lanes dedicated to outward flow, would still be impacted with vehicles, hampering the ingress of emergency services and supplies. It is estimated that 90% of evacuees would find shelter with friends or relatives within the regional area. However,

10% would need medical care, food and shelter. The larger the event, the larger the percent in need. Where, and by what means, would the county transport, care for, feed and shelter 10,000 to 30,000 or more people?

EOO has entered into an agreement with Regional Transit to provide a number of busses, depending upon circumstances and availability, and with Para-transit. The National Guard would require a minimum of 48 hours to mobilize its transit vehicles.

Evacuation Control and Assistance Points

Each operational area maintains an Emergency Operations Center (EOC) which is activated in the event of a major emergency. An EOC is a local government facility staffed by representatives of support systems who establish policy and coordinate services during an emergency. A joint EOC is maintained by the county and the City of Sacramento. Where the Regional Plan is activated, the systems are coordinated by a Regional Emergency Operations Center (REOC).

Among other responsibilities, an EOC or REOC as the case may be, would establish certain evacuation control and assistance points at pre-planned locations along the evacuation routes. Essential services to evacuees, as seen in Attachment B, would include the following:

- Maintenance of traffic flow, including towing of stalled vehicles and law enforcement
- Control of traffic entering evacuating operational areas
- Provision of shelter information and basic directions to evacuees
- Provision of emergency fuel or transportation to evacuees
- Provision of emergency medical services, including transportation services utilizing appropriate ambulance, bus and van resources

It is not contemplated that medical services beyond emergency first aid would be provided. However, a directions adviser would be available to provide information to special needs people as to the location of in-kind medical facilities. Limited transportation services would be available by ambulance, bus or van.

Care for Special Needs of Mentally or Physically Disabled

Within the overall context of a mass evacuation, and adding to its complexity, the county would be concerned with those special needs populations which are unable to participate in the evacuation process without assistance, such as the poor, persons who lack means of transportation, and those whose mobility is impaired by old age or physical or mental disability. We focus here on the special needs of the physically or mentally disabled of any age.

Identification and Tracking of Special Needs Populations

Unless individuals with special needs can be identified and located at the outset of an emergency, they will remain extremely vulnerable in the event of a major flood or other disaster. Unfortunately, the goal of identifying and locating every such person at any given time is illusory, since the data are in a constant state of flux. Tragically, even if the identification and

location of every such person were known, it is unlikely there would be enough lead time or resources to reach everyone.

Some effort has been made to locate and map the places where certain groups congregate. For example, many homeless individuals congregate at known locations, such as Loaves and Fishes, where food and care for the homeless are provided. Similarly, many persons who are mentally disabled and not institutionalized may be found at group homes, self help centers, integrated services agencies such as Turning Point, regional support teams such as El Hogar, Visions, and others, and neighborhood service agencies such as Del Paso Neighborhood Service Agency, Oak Park Multi-service Center, and the like.

With respect to the physically disabled who are not institutionalized, and who, like the mentally disabled, may live at home or independently, a database of client providers for various special needs clientele (e.g., dialysis patients, persons reliant upon oxygen, insulin or life support systems, the deaf, the blind, among many other special needs groups), which maintain telephone and address information, should be maintained by EOO. Such a database would enable EOO to warn client providers to alert their clients, or to secure direct access to lists of client locations.

EOO maintains a Geographic Information System that maps the location of nursing homes, assisted living and congregate care facilities in the county. However, there are more than 500 board and care facilities and small scale adult day health care centers in the operational area that are not on the county's radar. Many of these could be identified through their state licensing and certification agencies.

Assuming that all of these locations were identified, it is clear that, for purposes of transporting special needs individuals from shut-in locations to any point of safety, or from a general population shelter to an appropriate medical facility, or from an evacuation control and assistance point to an in-kind facility, the county lacks adequate access, in the event of a major flood disaster, to emergency-ready specialized transportation vehicles, wheelchair and gurney capable, and fully equipped with essential medical supplies and modalities.

Full scale hospitals and institutions have established evacuation plans. This is not true of many smaller scale entities that care for the medically fragile, such as skilled nursing facilities, board and care facilities, and home health and hospice agencies, which appear to be largely untrained and unprepared to evacuate their clients to distant points.

Existing databases of client information, including names and locations, should be immediately accessible by EOO in the event of a mass evacuation.

Confidentiality of Client Information

It is understood that there is considerable concern on the part of some providers that the disclosure of such information might conflict with the "Privacy Rule" component of The Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Rule against disclosure applies to all individually identifiable health information that is created or received by a covered provider, including genetic tests and information about an individual's family history. Assuming

that an individual's telephone number and address would constitute "identifiable health information," the Grand Jury has learned, through the auspices of the United States Congress and by its own research, that the Rule would not apply in the event of an imminent and serious threat to health and safety. Specifically, the Code of Federal Regulations provides:

"A covered entity may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information, if the covered entity, in good faith, believes the use or disclosure: ... (A) Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and (B) Is to a person or persons reasonably able to prevent or lessen the threat ..." (45 CFR 164.512(j); and cf., Congressional Research Service reports RS20500, March 10, 2004 and RL30620, June 14, 2001).

Accordingly, EOO should, by maintaining a database of client providers, have the capability of immediately notifying such providers to:

- contact their clients and advise them, and provide assistance to reach safety
- contact persons listed as emergency contacts who have agreed to assist specified individuals in such an event
- immediately transfer such client or contact telephone and address information to EOO or other specified emergency service, such as ambulance, fire or rescue.

Sacramento County Department of Health and Human Services

The County Department of Health and Human Services (DHHS), through its Public Health Risk Communication Plan, is capable of communicating with certain segments of the disabled population through contact points such as senior centers, regional centers for the developmentally disabled, and home health care agencies that provide at-home hospital and hospice care.

DHHS has two primary responsibilities in the event of a mass evacuation. The first is focused on the department's own clientele: the beneficiaries of the In-Home Support Services, Adult Protective Services, and Public Guardian/Conservator programs. Acting through its EOC representatives and Adult Placement and Relocation Task Force, DHHS would provide information as to the scope, magnitude, and geographic areas of the disaster and the names of the clients that may need to be contacted; identify placement resources for various levels of needed care, including board and care, acute care, and skilled nursing facilities; and triage evacuees according to placement needs. Other staff would identify and contact those clients most vulnerable and residing in the disaster area, coordinate or assist evacuees with needed disaster and post-disaster services, and help with relocation and placement.

The second responsibility of DHHS would be to assist with emergency shelter triage and care, and with disaster relief for other evacuees, as directed by EOC or department managers. DHHS staff would not be engaged in search, rescue or evacuation efforts. At shelters, staff may assist with a variety of activities including assessment of evacuees in terms of the level of care needed, identification of resources available to evacuees, identification of special needs such as medication or treatment, and identification of placement needs. DHHS public health nurses may

be assigned by the health officer to report to shelters or to assist ARC in disaster relief. In addition to medical aid, public health nurses would assume such responsibilities as communicable disease control, medical triage, and liaison with the medical community. However, the identification of special needs individuals in a shelter would be reported to EOC for specialized placement.

For purposes of emergency placement of persons with special needs, DHHS must complete its identification of local hospital surge capacities under the various circumstances of a flood disaster, and provide for alternative care sites for the medical needs of such persons who do not require hospitalization.

Sacramento County Department of Human Assistance

The development and operation of mass evacuation shelters, such as schools and community centers, are the responsibility of the County Department of Human Assistance (DHA) and the City of Sacramento Neighborhoods, Planning and Development Services Department (NPDS), in coordination with ARC. Essentially, NPDS and ARC are responsible for the designation of, and confirmation agreements for, shelter sites and for facilitating the opening and closing of site facilities, and providing on-going logistical support. DHA provides trained managers and staff for the initial start up of the shelters, until ARC assumes its operational responsibilities within an estimated 48 hours. DHA emergency response teams (ERTs) would provide for the emergency care and shelter of evacuees, referrals to other support services, and shelter intake registrations and exit interviews. While DHA will have mental health counselors to assist the general public, persons who require comprehensive care, medical, or mental health services, would not be accommodated in general population centers. In the event that specialized care were required by a person in a shelter, a staff member would make a request to the Health Services Branch at the EOC for resolution.

Medical Reserve Corps

The Sacramento Regional Medical Reserve Corps is an organization of more than 200 volunteers sponsored by the Sacramento County Sheriff's Department to supplement local medical resources which may become overwhelmed in an emergency. There are currently 8 medical reserve teams, each consisting of 2 physicians, 6 nurses, 6 medical support, and 6 non-medical support personnel. A medical team may be called to assist in surge capacity at a local hospital, set up a casualty collection point to triage for movement into an emergency room, assist a local public health agency in mass prophylaxis operations, assist local emergency medical services and other emergency response agencies, or assist at a shelter, including a specially constituted shelter for medically fragile victims. ARC in coordination with 50 community faith-based leaders is contemplating the development of such a specialized facility.

Similar teams of federal volunteers from other regions may also be mobilized, but might not be on the scene for more than 72 hours.

Disaster Services Workers

A potentially substantial source of human resources that can be immediately called upon is the employees of the county, cities and other government entities within the county, who are prescribed by law and subject to service as disaster service workers. The legal framework for such a program has existed for many years. Specifically, the law provides:

“. . . the protection of the health and safety and preservation of lives and property of the people of the state from the effects of natural, man-made, or war-caused emergencies which result in conditions of disaster or in extreme peril to life, property, and resources is of paramount state importance requiring the responsible efforts of public and private agencies and individual citizens. In furtherance of the exercise of the police power of the state in protection of its citizens and resources, all public employees are hereby declared to be disaster services workers subject to such disaster service activities as may be assigned to them by their supervisors or by law.” (Govt. Code §3100; and cf., County Code of Ordinances §2.46.130.B2, and City of Sacramento Ordinance No. 81.022, Ch. 2.116.)

“For purposes of this chapter the term ‘disaster service worker’ includes all public employees . . . The term ‘public employees’ includes all persons employed by the state or any county, city, city and county, state agency, or public district . . .” (Ibid, §3101.)

The California Code of Regulations prescribes the various classifications and general duties of disaster service workers who would be assigned to areas of their own competence, including among many others: food, clothing, shelter, transportation, medical assistance, search and rescue, and so on. (California Code of Regulations, Title 19, §2572.1.) Hence, county and city employees may be assigned to perform disaster activities for other offices or outstations, ARC shelter facilities, a department command center, EOC, evacuation control and assistance points or other facilities providing services to disaster victims. What is lacking, however, is pre-mobilization planning, including identification of employees with needed competencies, and training and exercises for such participation in times of need.

Conclusions and Observations

The county is at the mid-planning and preparation stage for evacuation, care and shelter due to a major flood or other disaster. While much has been done and recognized, much more must be accomplished. The task is enormous and multi-faceted. With respect to medically infirm special needs populations, total reliance on government entities and services is misplaced. By virtue of the sheer number of such populations, the number of individuals within such populations, and their broad and varied needs, the county does not have the resources to identify, track, and care for the needs of all, or perhaps even most of them, in a major emergency. Private agencies, and particularly the client providers of each special needs group, must be prepared to identify, track, advise, direct, and assist their clientele in a major emergency evacuation. Pre-enrolled individual contacts who have agreed to assist a specified disabled person in such an event may be summoned for assistance.

Finally, the key to a well organized, efficient mass evacuation is the cooperation and participation of an educated population. The county has not undertaken a major effort to at least apprise, and possibly engage, the general public in its planning process for such an event. Such an effort would include the promotion of effective personal, household, and neighborhood plans for mutual assistance, particularly with respect to persons with special needs.

Findings and Recommendations

Finding 1. The Flood Annex to the county's All-Hazards Emergency Operations Plan is projected for completion by September 2006.

Recommendation 1. The county must make the completion of the Flood Annex to its All-Hazards Emergency Operations Plan a matter of high priority.

Finding 2. The Sheriff's Department has not fully developed standard operating procedures for a mass evacuation due to a flood disaster.

Recommendation 2. The Sheriff's Department should, by August 2006, complete the development of standard operating procedures for a mass evacuation due to a flood disaster. This should include plans for the evacuation of the medically or mentally infirm due to age or disability.

Finding 3. While the county has established a Geographic Information System that maps the location of nursing homes, assisted living and congregate care facilities within the county, it lacks adequate means of identifying and locating most of the special needs populations in the event of a flood disaster.

Recommendation 3. The county should develop and maintain a comprehensive database for the location and telephone numbers of skilled nursing facilities, assisted living facilities, board and care facilities, home health care and hospice agencies, senior centers, veterans homes, group homes for the mentally ill, client providers for persons with identified special needs, and other congregate care facilities, including numerous state licensed small scale adult day health care centers, in order to facilitate emergency communication directly or through such agencies in the event of a flood. For this purpose, each such provider or facility should be required to maintain a current list of client telephone numbers and addresses.

Finding 4. The "Privacy Rule" component of the Health Insurance Portability and Accountability Act of 1996 is deemed by many to constitute a barrier to the sharing of lists of client names, locations and telephone numbers to county or other emergency officials under any circumstances.

Recommendation 4. The county should secure and distribute to all pertinent public and private agencies a formal opinion of the Sacramento County Counsel and/or the Attorney General on the effect of HIPAA upon the sharing of lists of such information in the event of an imminent disaster.

Finding 5. The county has not established a full partnership of private care facilities and agencies for the evacuation of special needs clients in the event of a flood disaster.

Recommendation 5. The county should require training for managers and staff of private care facilities and agencies, along with formalized agreements specifying the roles and responsibilities of such facilities and agencies in the event of a flood.

Finding 6. The county lacks adequate access to fully staffed emergency-ready specialized transportation vehicles, wheelchair and gurney capable, and fully supplied with oxygen, insulin and other essential medicines.

Recommendation 6. The county should secure or contract for immediate access to a determined number of emergency ready, fully staffed and equipped specialized transportation vehicles, for the transportation of persons with special needs to appropriate shelters or in-kind facilities within the region.

Finding 7. The county has not fully identified the local hospital surge capacity under various circumstances of a flood disaster, which could impede access to one or more of those facilities.

Recommendation 7. The county should identify the local hospital surge capacity under various circumstances of a flood disaster, and provide for alternate care sites for special needs persons who might otherwise require hospitalization.

Finding 8. While the county has provided for mass shelters for general population evacuees, these shelters would not have the ability to provide for special needs persons who are medically or mentally infirm due to age or disability.

Recommendation 8. The county should provide, reserve, staff, and equip one or more shelters for the special needs of the medically or mentally infirm due to age or disability.

Finding 9. The county has not engaged in comprehensive pre-mobilization planning, training, or exercises for the participation of county, city and other local agency employees in mitigation and relief efforts in the event of a major emergency evacuation.

Recommendation 9. County, city, and other local agency employees are designated by law as disaster services workers, and may be assigned to such efforts, including evacuation and care of the special needs populations, in the event of a major emergency evacuation. Those who are able and competent to do so should be identified, organized and trained in advance of a major emergency.

Finding 10. The county has not engaged in a comprehensive public education program for the promotion of effective personal, household, and neighborhood plans for self-help and mutual assistance, with particular regard to persons with special needs, in the event of a major emergency evacuation.

Recommendation 10. The county should refocus its efforts on public awareness, education, and promotion of effective personal, household, and local community plans for self-help and mutual assistance that would include the designation of contact monitors for each person with special needs, in the event of a major emergency evacuation.

Response Requirements

Penal Code sections 933 and 933.05 require that specific responses to both the findings and recommendations contained in this report be submitted to the Presiding Judge of the Sacramento County Superior Court by October 1, 2006 from:

- **Sacramento County Executive, as to
Findings and Recommendations 1, 3**
- **Sacramento County Sheriff, as to
Findings and Recommendations 2, 3, 4, 5, 6, 9, 10**
- **Director, Sacramento County Department of Health and Human Services, as to
Findings and Recommendations 3, 4, 6, 7, 8, 9, 10**
- **Director, Sacramento County Department of Human Assistance, as to
Findings and Recommendations 8**

Attachment A

Inland Region of California



Attachment B

ECAP Organization

