TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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COMMISSIONER

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September 15, 2006

Dear Hospital Administrator,

Hurricanes Katrina and Rita have changed the face of disaster planning/management in Texas. You should be aware of three significant projects at the state level, because they have an impact on your facility. These projects include:

1. development of a state Hurricane Evacuation and Mass Care Plan by the Governor's Division of Emergency Management (GDEM),
2. drafting of rules related to All-Hazards Disaster Planning for licensed hospitals by the Department of State Health Services (DSHS), and
3. surveying of coastal hospitals regarding the status of their disaster and evacuation planning.

The Texas Hospital Association (THA) has been participating in the development and implementation of these projects to assure that potential hospital concerns/issues are being addressed.

The state Hurricane Evacuation and Mass Care Plan was initially drafted, with significant input from DSHS, and published for public comment in April of this year. Comments were considered, changes made, and the revised plan is now available on the GDEM website (ftp://ftp.txdps.state.tx.us/dem/plan_state/hurr_evac_shelter_state_plan.pdf). We strongly recommend that you review the entire document; however, there are specific sections that we want to highlight. These include the following:

- "Types of Medical Special Needs Persons, Medical Special Needs Sheltering, and Transportation of Medical Special Needs Evacuees" (beginning on page 5.5) - A key concept in these sections is that **Level 4 and Level 5 individuals** with Medical Special Needs will be **housed in a facility such as a hospital** or nursing home.

- "Tab B to Attachment 5 - Transportation for Medical Special Needs" (beginning on page 5.B.1) - A key concept in this attachment is that licensed facilities, including **hospitals**, **are responsible for pre-identifying and securing transfer agreements** with appropriate destination facilities **and for obtaining adequate and appropriate transportation resources** for moving the patients to those facilities.

- "Tab B, Part 1 to Attachment 5 - Ground and Air Ambulance Utilization Criteria for Statewide Disaster and Hurricane Evacuations" (beginning on page 5.B.5) – A key concept in this part is that ambulance resources in Texas are very limited and should only be used for the most critical patients.

The second project is the review of the state hospital licensing rules which has been in progress for approximately two years. Last year's hurricanes caused a delay in that work, but also provided an opportunity to address hospital disaster preparedness and evacuation planning requirements. Drafts of the rule and the various attachments are located on our website at http://www.dshs.state.tx.us/hfp/hosp_rulesrevision_2006.shtm

We recommend that you review all of the state hospital licensing rules documents; however, for your information, we have attached the proposed rule language specifically related to disaster planning and evacuation (see enclosed). You can also review this language on the web in the document entitled, "Cha 133- Draft proposed rule text" at http://www.dshs.state.tx.us/hfp/PDF/Chap%20133%20Rule%2010-05-06_7_26.pdf . The disaster language begins at Section 133.45 (c) All-hazard disaster preparedness (pages Proposed 108 - 111).

The entire hospital licensing rule packet will be reviewed by the DSHS Council in October. It will then be forwarded to the Health and Human Services Commission for consideration of proposal for a 60 day comment period and a public hearing.

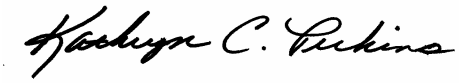
The third project is surveying of coastal hospitals regarding the status of their disaster and evacuation planning. The purpose of the survey is to determine these hospitals' preparedness should an evacuation occur this hurricane season. In partnership with DSHS, THA developed the survey tool and forwarded it out to coastal hospitals. That process is in its final stages and we appreciate those facilities who have responded to THA. If you have not responded, we ask that you do so soon.

It is ***imperative*** that your hospital be planning for a disaster situation that might involve an evacuation. This includes pre-disaster determination of evacuation destinations and transport methodologies for your patients. Please do not wait and rely on the state to provide this service. It became clear during the Hurricane Rita evacuation that resources for the transport of persons with medical special needs, whether they be in a facility or not, are very limited. In actuality, there were more resources available at that time than there will likely be in the future. This is because many aircraft/other transports had been brought to the area to assist with the aftermath of Katrina. Despite that, not all patients were able to be evacuated from Beaumont hospitals.

DSHS is working to establish Memoranda of Agreement (MOAs) with EMS Providers around the state for medical transportation services in a disaster. In collaboration with GDEM, we are also looking at other alternatives. At this time, one of the most promising modalities is the potential use of wheel-chair accessible school buses from around the state. These buses can be adapted to carry litters/gurneys. However, there are some significant issues to be addressed, including medical staffing, supplies/equipment, and lack of air conditioning.

Many Texas hospitals were instrumental in the Hurricanes Katrina and Rita pre-disaster and recovery efforts. Your exceptional commitment in helping to assure that people in need of hospital services received them is appreciated. We hope that you find this information useful to your disaster planning process. If you have questions about the current licensing rules or the draft rules, contact Nance Stearman at 512/834-6752 or nance.stearman@dshs.state.tx.us. For questions about other issues discussed in this letter, please contact the Office of EMS/Trauma Systems Coordination at 512/834-6740.

Sincerely,



Kathryn C. Perkins, RN, MBA
Interim Assistant Commissioner
Division for Regulatory Services

Attachment: Section 133.45 (c) All-hazard disaster preparedness

cc: Hospital Disaster Planning/Management Coordinators
Jack Colley, Governor's Division of Emergency Management
State Regional Liaison Officers
Texas Disaster District Committees
Texas Councils of Government
Regional Advisory Councils

Attachment
Excerpt from draft hospital licensing rules: All-hazard disaster preparedness

133.45 (c) All-hazard disaster preparedness.

(1) Definitions.

(A) Adult intensive care unit (ICU)--Can support critically ill/injured patients, including ventilator support.

(B) Burn or burn ICU--Either approved by the American Burn Association or self-designated. (These beds should not be included in other ICU bed counts.)

(C) Medical/surgical--Also thought of as "ward" beds.

(D) Negative pressure/isolation--Beds provided with negative airflow, providing respiratory isolation. Note: This value may represent available beds included in the counts of other types.

(E) Operating rooms: An operating room that is equipped and staffed and could be made available for patient care in a short period.

(F) Pediatric ICU--The same as adult ICU, but for patients 17 years and younger.

(G) Pediatrics--Ward medical/surgical beds for patients 17 years and younger.

(H) Physically available beds--Beds that are licensed, physically set up, and available for use. These are beds regularly maintained in the hospital for the use of patients, which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available.

(I) Psychiatric--Ward beds on a closed/locked psychiatric unit or ward beds where a patient will be attended by a sitter.

(J) Staffed beds--Beds that are licensed and physically available for which staff members are available to attend to the patient who occupies the bed. Staffed beds include those that are occupied and those that are vacant.

(K) Vacant/available beds--Beds that are vacant and to which patients can be transported immediately. These must include supporting space, equipment, medical material, ancillary and support services, and staff to operate under normal circumstances. These beds are licensed, physically available, and have staff on hand to attend to the patient who occupies the bed.

(2) A hospital shall adopt, implement, and enforce a written plan for all-hazard, natural or man-made, disaster preparedness for effective preparedness, mitigation, response, and recovery from disasters.

(3) The plan, which may be subject to review and approval by the department, shall be sent to the local disaster management authority.

(4) The plan shall:

(A) be developed through a joint effort of the hospital governing body, administration, medical staff, hospital personnel and emergency medical services partners;

(B) include the applicable information contained in the National Fire Protection Association 99, Standard for Health Care Facilities, 2002 edition, Chapter 12 (Health Care Emergency Management), published by the National Fire Protection Association (NFPA), and the State of Texas Emergency Management Plan. Information regarding the State of Texas Emergency Management Plan is available from the city or county emergency management coordinator. The NFPA document referenced in this section may be obtained by writing or calling the NFPA at the following address and telephone number: 1 Batterymarch Park, Post Office Box 9101, Quincy, Massachusetts 02269-9101, (800) 344-3555;

(C) contain the names and contact numbers of city and county emergency management officers;

(D) be exercised at least annually and in conjunction with state and local exercises. Hospitals participating in an exercise or responding to a real life event shall develop an after action report (AAR) within 60 days. AARs shall be retained for at least three years and be available for review by the local emergency management authority and the department;

(E) include the methodology for notifying the hospital personnel and the local disaster management authority of an event that will significantly impact hospital operations;

(F) include evidence that the hospital has communicated prospectively with the local utility and phone companies regarding the need for the hospital to be given priority for the restoration of utility and phone services and a process for testing internal and external communications systems regularly;

(G) include the use of a department approved process to update bed availability, as follows:

(i) as requested by the department during a public health emergency or state declared disaster; and

(ii) for the physically available beds, staffed beds and vacant/available beds for the following bed types:

(I) adult ICU;
(II) burn or burn ICU;
(III) medical/surgical;
(IV) negative pressure/isolation;
(V) operating rooms,
(VI) pediatric ICU;
(VII) pediatrics; and
(VIII) psychiatric;

(iii) emergency department divert status;
(iv) for decontamination facility available; and
(v) for ventilators available;

(H) include at a minimum:

(i) a component for the reception, treatment, and disposition of casualties that can be used in the event that a disaster situation requires the hospital to accept multiple patients. This component shall include at a minimum:

(I) process, developed in conjunction with appropriate agencies, to allow essential healthcare workers and personnel to safely access their delivery care sites;

(II) procedures for the provision of personal protection equipment for and appropriate immunization of staff, volunteers, and staff families; and

(III) plan to provide food and shelter for staff and volunteers as needed throughout the duration of response;

(ii) an evacuation component that can be engaged in any emergency situation necessitating either a full or partial evacuation of the hospital. The evacuation component shall address at a minimum:

(I) activation, including who makes the decision to activate and how it is activated;

(II) when within control of the hospital, patient evacuation destination, including protocol to ensure that the patient destination is compatible to patient acuity and health care needs, plan for the order of removal of patients and planned route of movement, train and drill staff on the traffic flow and the movement of patients to a staging area, and room evacuation protocol;

(III) family/responsible party notification, including the procedure to notify patient emergency contacts of an evacuation and the patient's destination; and

(IV) transport of records and supplies, including the protocol for the transfer of patient specific medications and records to the receiving facility. These records shall include at a minimum: the patient's most recent physician's assessment, order sheet, medication administration record (MAR), and patient history with physical documentation. A weather-proof patient identification wrist band (or equivalent identification) must be intact on all patients.

This can be viewed on the web beginning on page 108 in the document entitled "Cha 133- Draft proposed rule text" at http://www.dshs.state.tx.us/hfp/PDF/Chap%20133%20Rule%2010-05-06_7_26.pdf