



Planning for Psychiatric Patient Movement During Emergencies and Disasters

This document identifies basic considerations to assist public health and medical planners to prepare for the movement of psychiatric patients in the event of a disaster and to guide responders and care providers during psychiatric patient movement. Differences in State and local laws, regulations, and requirements will need to be considered when conducting planning for movement or evacuation of psychiatric patients. Please note that this document addresses patients of psychiatric facilities or units (rather than residents of community programs).

Assumptions:

1. Psychiatric patients are patients receiving health care. Important hospital procedures and facility accreditation requirements for medical patients (e.g., medical records, medication transport and distribution) should apply equally to psychiatric patients.
2. Planning specific to psychiatric patient movement should be integrated into the hospital's main plan. Likewise, any standard operating procedures related to psychiatric patients should be reflective of the hospital or facility's overall emergency operations plan.
3. Psychiatric patients may be located in:
 - a. Units within general hospitals;
 - b. Facilities on the grounds of, or affiliated with, general hospitals; or
 - c. Stand-alone facilities which may be privately operated or run by the state.
4. Law and practice varies considerably by state. It is possible that psychiatric patients with different admission statuses may be housed on the same unit. However, psychiatric patients' admission statuses often fall into one of three categories:
 - a. Voluntary patients who are free to sign themselves out at any time;
 - b. Patients held on civil commitments or similar mechanisms who are not free to leave or have other restrictions on their movement; or
 - c. "Forensic" patients who are involved in the criminal justice system, such as through court-ordered pre-trial evaluation, post-trial conviction, or court-ordered treatment.
5. Individuals with behavioral health needs are able to demonstrate resilience in the wake of a disaster or an emergency.

Questions and Considerations for Planners:

1. Is the psychiatric patient unit located within a hospital; on the grounds of, or affiliated with, a general hospital; or is it an independent facility?
 - a. If the unit is located within a hospital, or under the umbrella of a hospital, is psychiatric patient evacuation integrated into the hospital's plans and operational procedures?
 - b. If the facility stands alone, are there procedures in place commensurate with medical facilities (e.g., medical records, medication distribution, transportation, and supervision)?
2. How will psychiatric patients be transported in a disaster?
 - a. Is there a mechanism in place to provide vehicles and other needed assets for transportation of patients?
 - b. How will supervision/support by trained psychiatric facility staff be provided during movement?
3. Where will the psychiatric patients be relocated?

Planning for Psychiatric Patient Movement During Emergencies and Disasters (cont'd)

Questions and Considerations for Planners (continued):

4. Will they be relocated with the general medical patient population?
 - a. If so, are elements in place regarding the physical site and staff support to ensure that the needs of psychiatric patients are met?
 - b. If psychiatric patients are being relocated to another psychiatric facility, are written agreements in place between the transfer and host facility that identify adequate physical space, surge staff, and resources?
 - c. Are agreements in place with both a local and more distant facility (in case of a widespread disaster)?
5. How can the patients' support systems be reached during relocation?
 - a. Is there a completed Emergency Information Form for all of the patients on a psychiatric unit in the event that evacuation is necessary?
6. What are the procedures to ensure safety for individuals who present an imminent risk of harm to self or others?
 - a. What are the legal requirements, policies, and procedures on seclusion and mechanical, physical, and chemical restraint?
 - b. Are there adequate staff and resources to ensure physical safety during patient movement and at the relocation site?
7. How will the facility identify the legal status of patients during movement and relocation to ensure that the patients' safety, rights, and legal requirements are maintained?
 - a. For forensic patients, does law enforcement, correctional staff, and/or the sheriff's department need to be involved in the patient movement and relocation process? Are written agreements in place with these partners?
8. How can planners incorporate psychiatric patients into the evacuation planning process?

Questions and Considerations for Responders and Care Providers:

1. How will the patients' medication regimens be maintained during evacuation and/or at the relocation site?
2. How will care providers treat emotional responses to the disaster in a manner that is distinct from issues related to the psychiatric patients' health history?
 - a. Are disaster responders trained in responding to the unique behavioral, emotional, cognitive, and physical needs of psychiatric patients?
 - b. Is psychiatric program staff trained in basic disaster behavioral health or psychological first aid?
 - c. Can basic supportive disaster behavioral health interventions be offered to the psychiatric patients being evacuated?
3. How will the potential functional needs of psychiatric patients (e.g., communication, medical, independence, supervision, and transportation) be met during a disaster?
4. What kinds of messaging will responders use to ensure sensitivity to the potential functional, developmental, and cultural needs of psychiatric patients?
5. Before a disaster, how will psychiatric patients be best prepared for an evacuation?
6. During evacuation, how can psychiatric patients be involved in facilitating the movement process?
 - a. In what ways can the self-efficacy of patients be encouraged during their movement?
 - b. How will the strengths of the patients be used to promote an effective transition?

Please Note:

—The legal status and support needs of pediatric psychiatric patients may differ from those of adult and geriatric psychiatric patient populations and may therefore require additional planning.

—Psychiatric patients receiving medical treatment or evaluation in medical units or emergency departments should also be considered when developing plans.