

TALS

Hospitals, Nursing Homes & ACFs

Transportation Assistance Levels
for Healthcare facilities

2014-2015

In 2008 there was still a belief that this was the most often desired transport mode



Just not enough....



Background

1. Inception with the 2009 Evacuation Update Project
2. Concerns with TALs were brought to the attention of NYSDOH Office of Emergency Preparedness (OHEP) in August 2010
3. NYSDOH Bureau of Emergency Medical Services (**BEMS**) began exploring the issue with OHEP that fall

There was potential for 'color confusion' with the EMS SMART Tags

SMART Tags - for triage prior to transport

RED - Priority 1 – Urgent

YELLOW - Priority 2 - less urgent

GREEN – Priority 3 - Ambulatory & no urgency

TALs

RED - Must be transported supine - may be critical-3

YELLOW - non-ambulatory & able to sit for long period - (w/c) - 2

GREEN - able to walk unassisted with no risk of harm - 1

Workgroup

- NYS Bureau of EMS
- New York State Office of Emergency Management
- NYS Office of Health Systems Management
- NYS Office of Health Emergency Preparedness (OHEP)
- Healthcare Association of New York State (HANYS)

Goal: Establish a practical, standardized statewide TAL system

Focus group testing

- The Oneida County Health Emergency Response Plan Program provided rural, metropolitan & suburban population experience
- Purpose-To determine the practicality of the TALs revisions throughout the healthcare domains
- Scenarios-Patient cards were used for sorting of information into Transportation Assistant Levels
- Feedback focus-are the revised TALs practical?
- Yes!

Army National Guard in Owego on 9/9/11 *after* the waters began receding.

Army trucks were deployed to evacuate 70 nursing home residents.

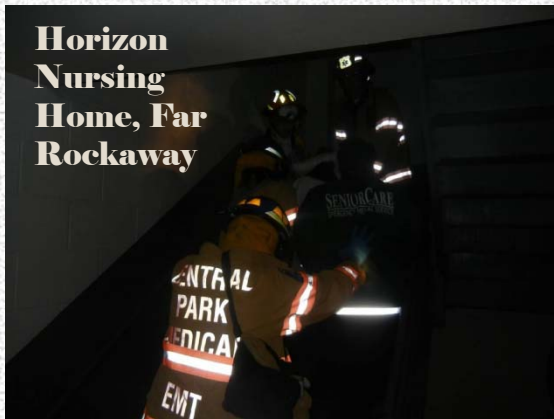


Healthcare facility beds in New York State

Facility type	Number
Hospital	61,038
Nursing Home	117,522
Adult Care Facility	39,169
Total	217,169

Facility Evacuations during Sandy

81



Critical Success Factors

- Categorize patients/residents using the TALs in advance
- Keep scale simple
- Use of icons not required...
- Each facility to operationalize use of the icons during exercises & **planned evacuations** as deemed feasible
- The TALs provide straightforward descriptions of an individual's transport requirements during a **planned evacuation**
- Maintain the core TAL categories

Project Scope

- Keep the assessment scale simple to determine transportation needs.
- Provide a universally recognized hierarchy for transportation needs of patients/residents.
- This scale can be used both for planning & just in time re-assessment of patient/resident transportation needs.
- This hierarchy *is not* a clinical assessment tool or triage scale.
- Continuity of clinical care is an independent issue to be addressed concurrently with transportation modality determination.

Levels

TALs can be useful for logistical planning and movement of resources (e.g. buses, vans, ambulances) during an evacuation

Patients/residents are categorized via one of three levels. Each level influences:

- the suggested number of staff needed to move the patient/resident
- the type of internal movement device required
- the loading area they are relocated to for a facility evacuation
- the type of external transportation asset required

Levels

Continued

- There is a standard process established for quickly assessing and categorizing patients/residents by mobility level
- There is a standard process for identifying patients/residents being discharged in lieu of evacuation to an alternate facility



Bed to staging area to transport





1. TALs are used by healthcare professionals to assess the type of transportation resources needed during a **planned evacuation**.
2. This is especially useful in a region-wide evacuation.
3. TALs are not intended for use during an **emergent** situation such as a fire.

For use in healthcare facilities

- Easily recognizable universal symbols have been adopted.
- These symbols correspond to each TAL category.
- These symbols are not used in home care.



Issues surrounding Sandy



Breezy Point



Midtown Tunnel



Battery Park Tunnel






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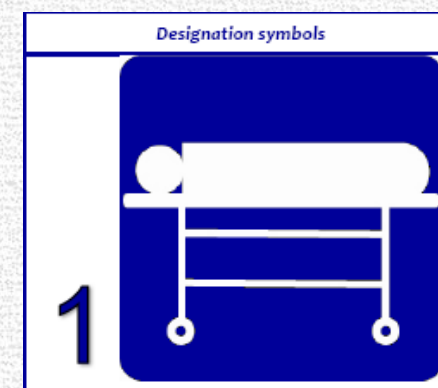


Queens

The TALs

Transportation Assistance Level		Staffing support	Transportation Asset	Accompaniment	Designation symbols
1	Non-Ambulatory	<p>Require clinical observation ranging from intermittent to 1:1 nursing. Critical cases or interrupted procedures may require a team of health care providers</p>	<p>Requires an ambulance or other specialized vehicle (e.g., helicopter medevac) for transport dependent on circumstance (e.g. high water)</p>	<p>Must be accompanied by one or more clinical provider(s) (e.g. EMT, paramedic, nurse, or physician) appropriate to their condition</p>	<p>1 </p>
<p>Individuals unable to travel in a sitting position (e.g. require stretcher transport).</p> <p>These patients/residents are clinically unable to be moved in a seated position, and may require equipment including but not limited to oxygen, mechanical ventilators, cardiac monitors, or other biomedical devices to accompany them during movement.</p>					
2	Wheelchair	<p>Safely managed by a single non-clinical staff member or healthcare facility-designated person</p>	<p>May be transported as a group in a wheelchair appropriate vehicle (e.g., medical transport van or ambulance)</p>	<p>A single staff member or healthcare facility-designated person appropriate to the most acute patient/resident's condition while accompanying a group of patients/residents</p>	<p>2 </p>
<p>Individuals who cannot walk on their own but are able to sit for an extended period of time.</p> <p>Those who are alert but unable to walk due to physical or medical condition. They are stable, without any likelihood of resulting harm or impairment from wheelchair transport or prolonged periods of sitting, and do not require attached medical equipment or medical gas other than oxygen, a maintenance intravenous infusion, an indwelling catheter or a PEG tube during their relocation or evacuation.</p>					
3	Ambulatory	<p>Escorted by staff members, but may be moved in groups led by a single non-clinical staff member or healthcare facility-designated person. The optimum staff-to-patient ratio is 1:5.</p>	<p>Can be transported as a larger group in a passenger vehicle (e.g., bus, transport van, or private auto)</p>	<p>A single staff member appropriate to the most acute patient/resident's condition while accompanying a group of patients/residents</p>	<p>3 </p>
<p>Individuals who are able to walk on their own at a reasonable pace.</p> <p>Those who are able to walk the distance from their in-patient location to the designated relocation or loading area without physical assistance, little supervision, and without any likelihood of resulting harm or impairment</p>					

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2	Wheelchair			
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Why use the TALs?

1. To streamline & standardize the evacuation process
2. Especially useful in a region-wide event
3. Outside resources may be needed and drawn upon

Informational Outreach-2014-2015

The audience:

1. Hospitals
2. Nursing Homes
3. Adult Care Facilities

Also:

1. New York State Department of Health
2. Health Emergency Preparedness Coalitions (HEPCs)
3. State Office of Emergency Management
4. County OEMs
5. County LHDs
6. EMS providers
7. NYC OEM
8. NYC Fire Department
9. NYC Department of Health & Mental Hygiene




The TALs Guidance Document

Content of this two page document:

1. Purpose
2. Principles
3. Objectives
4. Outline of the three levels


This document was provided with the IHANS notice as well as with the association notifications.

Patient/Resident Evacuation Critical Information and Tracking Form

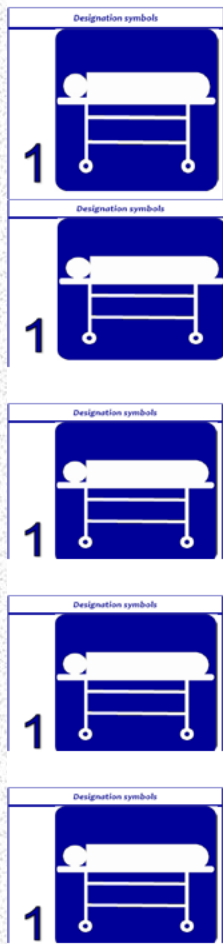
Resident Evacuation Critical Information and Tracking Form					
	Receiving Facility	Movement Times		Place patient identity label or imprint or write here.	
—	_____	At Holding ___:___		Name (last) _____ (first) _____	
—	_____	At Loading ___:___		Age ___ Gender [] Male [] Female DOB: ___/___/___	
—	_____	Left Facility ___:___		Primary Physician _____ Room or Bed # _____	
—	_____	Arrived Dest. ___:___			
Resident Mobility Level Transportation Assistance Level		Minimum Staff to Loading Area		Transport Vehicle	Transport Agency: _____ Unit/Vehicle # _____
				Equipment / Items to Accompany Resident	
TAL	<i>BEHAVIORAL HEALTH</i>	clinical	Non- clinical		Oxygen
TAL 1	<i>NON-AMBULATORY</i>	1	1	BLS Ambulance	Suction
		2	2	ALS Ambulance	Infusion Pump
TAL 2	<i>WHEELCHAIR</i>	0	1	Wheelchair Van / Ambulette	Medications Critical Supplies
					Medical Records Other
TAL 3	<i>AMBULATORY</i>	0	1:5	Transit/ School Bus	Other
				Other Specify	Other

Tracking Form, continued

ISOLATION STATUS		Contact	Droplet	Airborne		
Advanced Directives	Name/Contact #			Interpreter Needed?	ASL	Language:
DNR	DNI	Health Care Proxy	Living Will	MOLST	Copy Enclosed	
ALLERGIES	None	Latex	Other:			
MENTAL STATUS	Oriented	Alert	Lethargic	Mildly Confused	Severely Confused	
Behavior Problems / Safety Risk	None	Wanders	Elopement Risk	Verbally Abusive	Physically Abusive	
Fall Risk	None	Low	High			
Restraint	Vest / Posey	Wrist/ Mitt	4 Point	Other	Date/ time Applied	
Special Requirements	Oxygen (mask) /pm	Oxygen (cannulae)/pm	Suction	Seizure Precautions		
Transfers	Independent	Supervision	Partial Assist 1	Partial Assist 2	Total Assist	
Activities of Daily Living						
Independent	Supervision		Partial Assist		Total Assist	
Continent	Incontinent Bowl		Incontinent Bladder		Other:	
Diet	Special		Consistency	Aspiration Precautions		
NPO	Regular:	Regular	Ground	Thickened	Pureed	Liquid
Personal Assistive Devices With Resident						
None	Cane	Walker	Personal Wheelchair		Glasses	
Dentures	Hearing Aid	Prosthesis Type:	Other:			
Notifications (name/date/time) Family:			Private MD:			
Last Action Prior to Departure			Document time and findings			
Last Temperature:	Last Heart Rate:	Last Blood Pressure:	Last Accu-Check:	Last Breath Sounds:		
Last Medication Given(name/dose/route/time):			Last Meal (food/date/time):			
Next Medication / Intervention Needed			None Until:			
Name	Day/ Time Needed	Administered?		By	Date	Time
		Yes	No			
		Yes	No			
		Yes	No			
Notes During Transit Document all care given or status updates Use other side if needed						
Time	Note					

Receiving Facility to confirm receipt of the resident by faxing a copy of this form to: 

For use with blank stickers





TALs will be incorporated into exercises

Questions?



Contact information

Katharine Logan
Health Care Preparedness Coordinator |
Office of Health Emergency Preparedness
NYSDOH
Phone 518-408-5163

katharine.logan@health.ny.gov