

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) PROGRAM

STORIES FROM THE FIELD



CARING FOR CHRONICALLY ILL PATIENTS DURING EMERGENCIES IN NORTH DAKOTA

Two separate incidents in North Dakota in 2013, the threat of a dam failure and a train collision, highlighted the need for a multi-incident care model, specifically in regard to residents with chronic health conditions. The North Dakota Department of Health (NDDH) worked with local partners and used PHEP funds to develop and implement these plans, thereby sustaining a system capable of rapidly distributing lifesaving medications and emergency medical supplies to the public.

In response to a potential dam failure near Cavalier, ND, in May 2013, 20 patients in a critical access hospital and 112 residents in a long-term care facility needed to be evacuated to an alternate care site. NDDH activated its public health emergency operations center and medical cache to assist residents with chronic health conditions and special medical needs. Six NDDH staff (one PHEP funded) managed the transportation of patients and residents between healthcare facilities.



THE INCIDENT

A potential dam failure and a train collision in 2013 highlighted the need for a multi-incident care model, specifically regarding residents with chronic health conditions.



THE RESPONSE

NDDH managed the evacuation of 132 patients. During the train collision, public health incident command managed the dissemination of public information on air quality and ground water safety, as well as the delivery of equipment and supplies.



THE OUTCOMES

NDDH management of the public health incidents enabled continuity of care for those with chronic health conditions.

The state health department activated contracts with ambulance companies, and deployed four retrofitted buses, each capable of holding 18 stretcher-bound patients, to the long-term care facility. Four NDDH staff (three PHEP funded) provided incident command, triage, and patient care prior to transport. NDDH personnel ensured that receiving facilities could accommodate evacuees' health needs for the duration of the response. All patients and residents were cared for during the 31-day response and returned safely by the same retrofitted buses and ambulance units over a two-day period.

In July 2013, two trains collided near the town of Casselton, ND, and a voluntary evacuation was recommended based on information from the scene. Six NDDH (three PHEP funded) staff activated the regional emergency operations center and a mobile medical command center to collect information on air quality and safe ground water to inform appropriate public health actions. An assisted living facility was evacuated, and seven residents were relocated to stay with family and friends for care.



CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement program is a critical source of funding, guidance, and technical assistance for state, local, tribal, and territorial public health departments to strengthen their public health preparedness capabilities. Since 9/11, the PHEP program has saved lives by building and maintaining a nationwide public health emergency management system that enables communities to rapidly respond to public health threats.

To learn more about the PHEP program, visit www.cdc.gov/phpr/readiness.