

Major Hurricanes: Potential Health and Medical Implications

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This ASPR TRACIE resource was developed to provide a short overview of the potential significant health and medical response and recovery needs facing hurricane- and severe storm-affected areas, based on past experience and lessons learned from Hurricanes Katrina, Sandy, Harvey, Maria, and others.

The list of considerations is not exhaustive, but does reflect a thorough environmental scan of publications and resources available on past storm response and anecdotal information from first responders who were on scene. The intent of the document is to aid the “ESF-8 Family” in thinking through the different potential problems that may present as Requests for Assistance and unmet needs. Our hope is that this document can aid readers in anticipating some of these potential issues to either avoid them or be ready to respond to them as needed. Those faced with leading the response and recovery from a hurricane may use this document as a reference, while simultaneously focusing on the actual assessments and issues specific to their communities and the unmet needs as they develop.

This document is a working draft. It has been reviewed by ASPR staff and members of the ASPR TRACIE Subject Matter Expert Cadre, but additions, revisions, and comments are still welcome. Please submit any suggestions to askasprtracie@hhs.gov.

ASPR developed the [2017 Hurricane Recovery webpage](#) after Hurricanes Harvey, Irma, and Maria. ASPR TRACIE has developed two general reference resources for hurricanes and flooding:

[Hurricane Resources at Your Fingertips](#)
[Natural Disasters Topic Collection](#)

Potential Considerations

The following considerations are listed under four headings, based on phases of response/recovery: overarching considerations (these apply throughout the duration of the disaster response and recovery cycle) and three time-specific categories (immediate, short term, and long term/recovery). Relevant informational resources are listed first, followed by potential programs or deployable assets that could be considered to support an unmet need.

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Overarching Considerations

Access and Functional Needs Population Support and Cultural Competency in Disasters

Before, during, and after a disaster, individuals with disabilities and others with access and functional needs may require additional support from the emergency management system. Ensuring response and recovery operations are sensitive to the needs of the communities they serve can support effective response, recovery, and resilience. Pre-event communication as well as dedicated assessments of these at-risk groups can prevent many issues and reduce the potential for harm. Working with local agencies and checking U.S. Census Bureau data can assist with identifying at-risk populations.

In addition, healthcare providers can play a role in combatting increases in human trafficking that may follow disasters.

For More Information:

[ASPR TRACIE Access and Functional Needs Topic Collection](#)
[Cultural and Linguistic Competency for Disaster Preparedness Planning and Crisis Response](#)
[The Role of Healthcare Providers in Combatting Human Trafficking during Disasters](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)
[Disaster Recovery Assistance](#)

Disaster Behavioral Health Needs

Disasters can lead to significant mental and behavioral health consequences that will directly impact healthcare systems. The demand for disaster behavioral health services spikes immediately following impact and continues over time.

For More Information:

ASPR TRACIE Topic Collections:

[Mental/Behavioral Health](#)
[Responder Safety and Health](#)

[ASPR TRACIE Select Disaster Behavioral Health Resources Page](#)

[ASPR TRACIE Disaster Behavioral Health: Resources at Your Fingertips](#)

[ASPR TRACIE Tips for Retaining and Caring for Staff](#)

[Health and Social Services Recovery Lessons Learned from the 2016 Louisiana Flooding](#)
The Exchange, Issue 4: Disaster Behavioral Health and Resilience

Select Programs/Assets to Consider:

HHS Response and Recovery Resources Compendium
Mental Health and Substance Abuse

Substance Abuse and Mental Health Services Administration Crisis Counseling Assistance and Training Program

Emergency Information and Risk Communication

As the incident evolves from warning to initial impact, then response, and into recovery, risk communication and messaging focuses will shift. Communication includes providing the public with information through verbal, written, or symbolic means. Clear, concise messages provided by trusted leaders before, during, and after an incident can help residents be better informed to make important health-related decisions to help ensure their safety. Messages should be accessible in multiple languages and through multiple media.

For More Information:

ASPR TRACIE Emergency Public Information and Warning/Risk Communications Topic Collections

Select Programs/Assets to Consider:

HHS Response and Recovery Resources Compendium
External Communications/Public Affairs

Family Reunification and Patient Tracking

During hurricanes and mass flooding events friends and family can be separated from each other and reuniting them is a priority for healthcare facilities, health officials, and emergency managers. Establishing a coordinated approach for accessing search and rescue data, shelter rosters, and healthcare facility information is key to reuniting those affected by the disaster.

For More Information:

ASPR TRACIE Topic Collections:

- Family Reunification and Support
- Patient Movement and Tracking

ASPR TRACIE HIPAA and Disasters: What Emergency Professionals Need to Know
The Exchange, Issue 6: Evacuating Healthcare Facilities

Select Programs/Assets to Consider:

HHS Response and Recovery Resources Compendium

- Patient Movement

Health Information Management

During a disaster, patients may be separated from their “medical home” and medical records. Information technology systems may be damaged in the event and access to the systems may be limited by physical barriers, access issues, power disruptions or other impacts. Patients being evacuated or moved from one healthcare facility to another need complete medical records transferred with them, but that is not always possible if the facility has experienced significant damage and paper records are damaged or missing and electronic records are not accessible. Redundant IT systems and back-up paper records with the critical information are ways to mitigate this issue.

For More Information:

ASPR TRACIE Topic Collections:

- [Communications Systems](#)
- [Information Sharing](#)

[ASPR TRACIE HIPAA and Disasters: What Emergency Professionals Need to Know](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)
[Public Health and Medical Information](#)

Regulatory Concerns

Healthcare facilities in areas affected by hurricanes and flooding will likely be forced to operate outside their normal operating conditions. This situation could include a surge of patients requiring the healthcare facility to implement mass casualty protocols, crisis standards of care, and/or activate their emergency plans. It could also include impacts that cause the facility to be inoperable forcing evacuation, closure, or other alteration of regular operations. Some of these impacts will have regulatory repercussions at the local, State, and Federal level.

For More Information:

[ASPR TRACIE Healthcare-Related Disaster Legal/Regulatory/Federal Policy Topic Collection](#)

[ASPR TRACIE CMS and Disasters: Resources at Your Fingertips](#)

[Post Storm Healthcare Facility Assessment Resources](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)

[Centers for Medicare and Medicaid Services Survey and Certification Group](#)

[1135 Waivers](#)

[Re-occupancy Surveys](#)

[State Healthcare Facility Licensure](#)

[Local Building and Code Inspection](#)

Responder Safety and Health

Protecting the safety and health of disaster responders is critical for obvious reasons, but a safe and healthy workforce is better able to provide the community with an effective, comprehensive response and recovery. This is of particular importance when the impact of the disaster is long term and affects responders directly.

For More Information:

[ASPR TRACIE Responder Safety and Health Topic Collection](#)
[ASPR TRACIE Tips for Retaining and Caring for Staff after a Disaster](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)
[Worker Health and Safety](#)

Immediate Considerations

Extended Loss of Water and Power

If communities face extended loss of power and/or water, residents with chronic medical conditions may experience exacerbated symptoms, people can become sick from lack of water or contract waterborne illness from drinking contaminated water, food can spoil, and medications that need to be refrigerated can lose potency. Local healthcare systems may experience those and a host of additional secondary and tertiary effects can be felt by the healthcare system. Healthcare facilities must have running potable water and power in order to continue operations. Rapid needs assessment of healthcare and residential care facilities and supplementation with external generators may be critical to preventing evacuation.

For More Information:

ASPR TRACIE Topic Collection:
[Continuity of Operations \(COOP\)/ Failure Plan](#)
[Utility Failures](#)
[Planning for Power Outages: A Guide for Hospitals and Healthcare Facilities](#)
[Durable Medical Equipment in Disasters](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)
[Potable Water/Wastewater/Environmental Health](#)

Exacerbation of Chronic Medical Conditions

Any chronic medical condition can be exacerbated in a disaster due to the stress of the event, loss of physical support systems, lack of access to medications, and/or loss of access to equipment or systems needed to support daily medical care. In particular, the following patients are particularly vulnerable during hurricanes/flood events:

- Dialysis Patients
- Patients dependent on medical devices that require electricity (e.g., oxygen concentrators, ventilators, and home dialysis systems).
- Patients who are receiving hospice care.
- Patients whose conditions must be continually managed by prescription medications (e.g. seizure disorders, diabetes).
- Patients with mental health diagnoses and/or alcohol or drug dependency.

Patients need access to healthcare facilities and services, chronic or maintenance medications or therapies, and access to operational medical equipment to return to their pre-disaster health conditions.

Utilizing the [emPOWER](#) program, local authorities can identify Medicare patients who are dependent on durable medical equipment and other vulnerable diagnosis codes in order to target post emergency canvassing. The data includes information on beneficiary claims for ventilator, BiPAP, internal feeding, IV infusion pump, suction pump, at-home dialysis, electric wheelchair, and electric bed equipment in the past 13 months; oxygen concentrator equipment in the past 36 months; and an implanted cardiac device (i.e., LVAD, RVAD, BIVAD, TAH) in the past 5 years. Ideally, this information is made available as part of a pre-event planning operation, but just-in-time coordination with the emPOWER program is possible.

The ASPR TRACIE fact sheet [Durable Medical Equipment in Disasters](#) provides information on general DME categories and focuses on electricity-dependent DME that may be affected by disasters and emergencies, including power failures. It also includes information to assist healthcare system preparedness stakeholders plan for medically vulnerable populations who rely on DME.

The [Emergency Prescription Assistance Program \(EPAP\)](#) is a potential resource available for affected areas to support access to prescription medications. In addition national pharmacy chains have mobile pharmacy units available to deploy to local communities. [Rx Open](#), managed by [Healthcare Ready](#) helps patients find nearby open pharmacies in areas impacted by disaster.

Additional information on EPAP and historical use from past activations can be found on ASPR TRACIE:

- [EPAP Overview Fact Sheet](#)
- [EPAP Louisiana Floods](#)
- [EPAP Hurricane Ike](#)

- [EPAP Hurricane Gustav](#)
- [EPAP Superstorm Sandy](#)

For More Information:

ASPR TRACIE Topic Collections:

[Dialysis Centers](#)

[Homecare and Hospice](#)

[Pharmacy](#)

[ASPR TRACIE Considerations for Oxygen Therapy in Disasters](#)

[ASPR TRACIE Drug Shortages and Disasters](#)

[ASPR TRACIE Durable Medical Equipment in Disasters](#)

[ASPR TRACIE Clinicians and Coalitions: A Conversation about Finding Solutions for Medication Shortages](#)

[ASPR TRACIE Post-Disaster Lessons Learned: Dialysis Patient Management](#)

[CMS: Reminder of Pharmacy and Provider Access during a Federal Disaster or Other State or Public Health Emergency Declarations](#)

Select Programs/Assets to Consider:

HHS Response and Recovery Resources Compendium

[Hospital Care](#)

[Mental Health and Substance Abuse Care](#)

[Outpatient Services](#)

[Public Health Surveillance](#)

Fatality Management

Hurricanes and flooding have the potential to cause mass fatalities and these weather events present challenges to death scene investigation, patient identification, decedent transport and storage, and notification of family. Fatality management resources may also be limited due to the storm.

In addition, flooding events can cause damage to cemeteries and burial locations causing disinterment of remains.

For More Information:

ASPR TRACIE Topic Collections:

[Family Reunification and Support](#)

[Fatality Management](#)

[Mental/Behavioral Health](#)

[Death Scene Investigation After Natural Disaster or Other Weather-Related Events](#)

Select Programs/Assets to Consider:

HHS Response and Recovery Resources Compendium
Victim Identification/Mortuary Services
Mental Health and Substance Abuse

Flood Water Health Concerns

Flood water can contribute to numerous health hazards including, but not limited to:

- Contaminated drinking water
- Infectious disease outbreaks
- Air quality issues
- Disease carrying mosquitoes
- Skin disease/wound infections from contact with contaminated flood waters
- Mold

Public health surveillance will be required to test the water and air, and monitor populations for infectious disease outbreaks. Public information and risk communication is necessary to let the public know what to do to mitigate the hazards.

For More Information:

ASPR TRACIE Emergency Public Information and Warning/Risk Communications
Flood Waters or Standing Waters: Health Risks
Flooding and Communicable Diseases Fact Sheet
Resources for Flooding and Poor Sanitation

Select Programs/Assets to Consider:

HHS Response and Recovery Resources Compendium
External Communications/Public Affairs
Potable Water/Wastewater and Solid Waste Disposal and other Environmental Health Issues
Public Health Surveillance
Vector Control

Food Safety After Power Outages and Flood/Storm Damage

Prolonged power outages, lack of running potable water, submersion in flood water, and “pop up” or “just-in-time” food service establishments all pose potential hazards related to food preparation and consumption.

Public messaging on how to examine food and when to throw it out is critical. Additional staff will likely be necessary to provide inspections for re-opening closed food service establishments and to inspect new facilities, such as shelters and other new incident-related facilities.

For More Information:

[ASPR Food and Water Safety](#)

[Food and Water Safety During Power Outages and Floods](#)

[Food Safety for Consumers Returning Home After a Hurricane and/or Flooding](#)

[Keep Your Food Safe During Emergencies: Power Outages, Floods, and Fires Refrigerated](#)

[Food and Power Outages](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)

[Food Safety and Security](#)

Healthcare Facility Evacuations

Healthcare facilities may need to evacuate prior to, during, or even after the impact of the storm. Anticipating the need to evacuate to avoid emergency evacuation is ideal. The longer a facility has to evacuate, the more orderly the process can be. Sheltering patients in place carries risk, though so does evacuation. These risks must be balanced and consideration for capacity of the region to transport, track, and accommodate patients must also be considered. Healthcare coalitions and health systems can be excellent resources in making systematic decisions and supporting evacuation operations.

For More Information:

ASPR TRACIE Topic Collections:

[Healthcare Facility Evacuation/Sheltering](#)

[Patient Movement and Tracking](#)

[Pre-Hospital](#)

[Federal Patient Movement: Overview Fact Sheet](#)

[Post Storm Healthcare Facility Assessment Resources](#)

[The Exchange, Issue 6: Evacuating Healthcare Facilities](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)

Medical Services Replacement or Augmentation

Healthcare facilities can be forced to close during hurricanes due to damage or flooding, loss of utilities, or other physical issues and be “off-line” for an indefinite amount of time. Individual healthcare providers may be personally affected by the storm and unable to report to work. Individual or small-office practitioners may not be able to open their offices/clinics because of lack of staff, physical damage, or loss of communications.

There will be a need to coordinate replacement healthcare services for those that are temporarily unavailable and those that have been permanently damaged. There will also be a need to augment existing healthcare facilities as they see a surge of patients seeking routine care (non-storm related) in new locations, due to a lack of ability to seek care from their pre-disaster providers.

For More Information:

ASPR TRACIE Topic Collections:

- [Alternate Care Sites](#)
- [Ambulatory Care and Federally Qualified Health Centers \(FQHC\)](#)
- [Crisis Standards of Care](#)
- [Hospital Surge and Immediate Bed Availability](#)
- [Mental/Behavioral Health](#)
- [Pre-Hospital](#)
- [Virtual Medical Care](#)

Select Programs/Assets to Consider:

HHS Response and Recovery Resources Compendium

- [Hospital Care](#)
- [Mass Care](#)
- [Medical Care Personnel](#)
- [Medical Equipment and Supplies](#)
- [Outpatient Services](#)

State Medical Response Teams (Inter- or Intrastate)

Emergency Management Assistance Compact

Shelter and Congregate Living Health and Public Health Concerns

Widespread, sustained flooding and/or structural damage can create the need for large and sustained shelter operations. While the goal for emergency management is to return people to their homes or to provide transitional housing that process can take time.

The priority for health and medical response and recovery personnel is to ensure the shelter environment is safe and that shelter residents have access to basic hygiene and healthcare services, clean water, and safe food.

Depending on how long people will reside in shelters, potential health hazards must be monitored (e.g., food safety and hygiene [toilets and showers]). Ensuring surveillance is in place to monitor for infectious disease outbreaks, specifically respiratory and gastrointestinal diseases, is critical.

For More Information:

ASPR TRACIE Topic Collections:

- [Access and Functional Needs](#)
- [Alternate Care Sites \(including shelter medical care\)](#)
- [Disaster Veterinary Issues – Shelter Animal Care](#)
- [Family Reunification and Support](#)
- [Mental/Behavioral Health](#)

[ASPR TRACIE Fact Sheet: HIPAA and Disasters: What Emergency Professionals Need to Know](#)

Select Programs/Assets to Consider:

HHS Response and Recovery Resources Compendium

- [Food Safety and Security](#)
- [Mass Care and Emergency Assistance](#)
- [Mental Health and Substance Abuse Care](#)
- [Public Health Surveillance](#)

Staff Fatigue and Replenishment

In the first few days of a response, staff are focused on rescue and response operations and often can't or won't rest or remove themselves from operations. Staff who maintain facility operations are a critical component of the response phase and expected to care not only for their own loved ones, but community members and the facility, too. Cognitive abilities decline rapidly with fatigue, stress, and inadequate nutrition and hydration. Incident management should prioritize staffing planning including adequate rest and replenishment cycles.

For More Information:

- [ASPR TRACIE Responder Safety and Health Topic Collection](#)
- [ASPR TRACIE Disaster Behavioral Health: Resources at Your Fingertips](#)
- [ASPR TRACIE Tips for Retaining and Caring for Staff after a Disaster](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)

Surge of Storm-Related Health Emergencies

The typical health-related impacts of hurricanes and floods include:

- Carbon monoxide poisoning due to poor ventilation of gas generators
- Gastro-intestinal illnesses from food sources and person-to-person spread
- Hypothermia from water immersion
- Orthopedic trauma from clean up injuries, crashes, and other incidents
- Respiratory illness
- Skin rashes and wound infections
- Soft tissue injuries from debris and clean up

Hospitals and other healthcare providers should be prepared to handle an increase in patients with a wide range of chief complaints. There are typically three surges of patients related to the storm: those seeking care before the storm due to preparedness injuries, stress, support for chronic conditions, and/or fear of being alone; patients ill or injured during the storm; and the surge of patients who become ill or injured post-storm. Many patients seen in the days and weeks following the storm will display exacerbations of underlying disease due to disruptions in their care or their environment.

State, local, and federal staff should be prepared to receive requests for staff and medical service delivery augmentation to support this storm-related surge of patients.

For More Information:

ASPR TRACIE Topic Collections:

- [Alternate Care Sites](#)
- [Ambulatory Care and Federally Qualified Health Centers \(FQHC\)](#)
- [Crisis Standards of Care](#)
- [Homecare and Hospice](#)
- [Hospital Surge and Immediate Bed Availability](#)
- [Incident Management](#)
- [Mental/Behavioral Health](#)
- [Pre-Hospital](#)
- [Virtual Medical Care](#)

CDC Natural Disasters and Severe Weather

- [Carbon Monoxide Poisoning](#)
- [Emergency Wound Management for Healthcare Professionals](#)
- [Prevent Illness and Injury after a Disaster](#)

Select Programs/Assets to Consider:

- [HHS Response and Recovery Resources Compendium](#)
- [Hospital Care](#)
- [Mass Care](#)

Medical Care Personnel
Medical Equipment and Supplies
Outpatient Services

State Medical Response Teams (Inter- or Intrastate)
Emergency Management Assistance Compact

Transportation

Emergency medical services (EMS) may have difficulty accessing patients and/or their fleet may have suffered storm-related damage. Residents may not be able to use traditional modes of transportation to access their healthcare providers or emergency services. Their vehicles may have been damaged or inaccessible, buses may not be running, taxis and car services may not be operational, and para-transit, Handi-vans and other medical transportation providers may be otherwise committed to response operations.

Roads may not be accessible, so physical access to facilities for both ambulances and self-referred patients can be an issue. “Water taxis” may be needed to ferry the injured to functioning hospitals that have become isolated by floodwaters.

Many services that provide support to healthcare facilities will have access issues including courier services that handle lab specimens and delivery services that bring supplies, equipment, linen, food, fuel, and other necessary resources. These services and vendors may also have difficulty crossing security barriers into affected neighborhoods if they lack proper paperwork or identification.

The HHS Healthcare and Public Health Sector Critical Infrastructure Security and Resilience Partnership program released information specific to Hurricane Harvey on how to assist medical supply deliveries to negotiate passage through law enforcement blockades. See below for this [Hurricane Harvey specific access information](#). Similar approaches should be considered in future storms.

Additionally, [Jones Act waivers](#) can be used to facilitate shipping between U.S. ports by any vessel available for transit.

For More Information:

ASPR TRACIE Topic Collections:

[Patient Movement and Tracking](#)
[Pre-hospital](#)

[The Exchange, Issue 6: Evacuating Healthcare Facilities](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)

Short-Term Considerations

Assessment of Healthcare Facilities for Re-Opening After Storm Damage

If a healthcare facility was forced to close due to flooding or other damage sustained during the incident, that closure may trigger the requirement to be re-inspected prior to opening. Additional inspectors and clarification of the federal, state, and local laws and regulations might need to be circulated to all affected healthcare facilities. Coordination of patient repatriation can be complicated. Healthcare coalitions can be a valuable asset in these operations.

For More Information:

ASPR TRACIE Topic Collections:

[Healthcare Facility Evacuation/Sheltering](#)

[Healthcare-Related Disaster Legal/Regulatory/Federal Policy](#)

[ASPR TRACIE Healthcare System Recovery Timeline White Paper](#)

[Post Storm Hospital Assessment Checklist](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)

[Blood Products and Services](#)

[Safety and Security of Drugs and Biologics](#)

Exacerbation of Chronic Medical Conditions

(repeated from [Immediate Considerations](#) section)

Any chronic medical condition can be exacerbated in a disaster due to the stress of the event, loss of physical support systems, lack of access to medications, and/or loss of access to equipment or systems needed to support daily medical care. In particular, the following patient types are particularly vulnerable during Hurricanes/Flood Events:

- Dialysis Patients
- Patients dependent on medical devices that require electricity (e.g., oxygen concentrators, ventilators, and home dialysis systems).
- Patients who are receiving hospice care.
- Patients whose conditions must be continually managed by prescription medications (e.g. seizure disorders, diabetes).
- Patients with mental health diagnoses and/or alcohol or drug dependency.

Patients need access to healthcare facilities and services, chronic or maintenance medications or therapies, and access to operational medical equipment to return to their pre-disaster health conditions.

Utilizing the [emPOWER](#) program, local authorities can identify Medicare patients who are dependent on durable medical equipment and other vulnerable diagnosis codes in order to target post emergency canvassing. The data includes information on beneficiary claims for ventilator, BiPAP, internal feeding, IV infusion pump, suction pump, at-home dialysis, electric wheelchair, and electric bed equipment in the past 13 months; oxygen concentrator equipment in the past 36 months; and an implanted cardiac device (i.e. LVAD, RVAD, BIVAD, TAH) in the past 5 years.

The ASPR TRACIE fact sheet [Durable Medical Equipment in Disasters](#) provides information on general DME categories and focuses on electricity-dependent DME that may be affected by disasters and emergencies, including power failures. It also includes information to assist healthcare system preparedness stakeholders plan for medically vulnerable populations who rely on DME.

The [Emergency Prescription Assistance Program](#) is a potential resource available for affected areas to support access to prescription medications. In addition national pharmacy chains have mobile pharmacy units available to deploy to local communities. [Rx Open](#), managed by [Healthcare Ready](#) helps patients find nearby open pharmacies in areas impacted by disaster.

Additional information on EPAP and historical use from past activations can be found on ASPR TRACIE:

- [EPAP Overview Fact Sheet](#)
- [EPAP Louisiana Floods](#)
- [EPAP Hurricane Ike](#)
- [EPAP Hurricane Gustav](#)
- [EPAP Superstorm Sandy](#)

For More Information:

[ASPR TRACIE Topic Collections: Dialysis Centers](#)

[Homecare and Hospice](#)

[Pharmacy](#)

[ASPR TRACIE Drug Shortages and Disasters](#)

[ASPR TRACIE Durable Medical Equipment in Disasters](#)

[ASPR TRACIE Post-Disaster Lessons Learned: Dialysis Patient Management](#)

[CMS: Reminder of Pharmacy and Provider Access during a Federal Disaster or Other State or Public Health Emergency Declarations](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)

[Hospital Care](#)

[Mental Health and Substance Abuse Care](#)

[Outpatient Services](#)

Food Safety After Power Outages and Flood/Storm Damage

(repeated from [Immediate Considerations](#) section)

Prolonged power outages, lack of running potable water, submersion in flood water, and pop up or just in time food service establishments all pose potential hazards for food preparation and consumption.

Public messaging on how to examine food and when to throw it out is critical. Additional staff will likely be necessary to provide inspections for re-opening closed food service establishments and to inspect new facilities, such as shelters and other new incident related facilities.

For More Information:

[Refrigerated Food and Power Outages](#)

[Food and Water Safety During Power Outages and Floods](#)

[Keep Your Food Safe During Emergencies: Power Outages, Floods, and Fires](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)

[Food Safety and Security](#)

Medical Services Replacement or Augmentation

(repeated from [Immediate Considerations](#) section)

Healthcare facilities can be forced to close during hurricanes due to damage or flooding, loss of power/generators, loss of water, or other physical issues. Individual healthcare providers may be personally affected by the storm and unable to report to work or open their offices/clinics.

There will be a need to coordinate replacement healthcare services for those that are temporarily unavailable and those that have been permanently damaged. There will also be a need to augment existing healthcare facilities as they see a surge of patients seeking routine care (non-directly storm related) in new locations, due to a lack of ability to seek care from their pre-disaster providers.

For More Information:

ASPR TRACIE Topic Collections:

[Alternate Care Sites](#)

[Ambulatory Care and Federally Qualified Health Centers \(FQHC\)](#)

[Crisis Standards of Care](#)

Hospital Surge and Immediate Bed Availability
Mental/Behavioral Health
Pre-Hospital
Virtual Medical Care

Select Programs/Assets to Consider:

HHS Response and Recovery Resources Compendium
Hospital Care
Mass Care
Medical Care Personnel
Medical Equipment and Supplies
Outpatient Services
State Medical Response Teams (Inter- or Intrastate)
Emergency Management Assistance Compact

Mold and Other Re-habitation Health Concerns

After a flood, mold can present a significant health concern for residents/business owners, emergency responders/managers, and public health officials. Mold and mildew [can start growing within 24 hours](#). The most effective way to support an affected community is to provide them with educational materials on how to manage mold in their homes and businesses.

For More Information:

ASPR TRACIE After the Flood: Mold-Specific Resources
Dealing with Mold and Mildew in Your Flood Damaged Home
FEMA: Tips to Prevent Post-Flooding Mold at Home: Clean It, Dry It, or Discard It
Flood Waters or Standing Waters: Health Risks
Floods and Mold Growth
Government Industrial Hygienist Role in Contractor Mold Remediation
Mold
Mold: Cleanup and Remediation
Prevention of Toxic Molds in Army Facilities Using Surface-Applied Biocides

Select Programs/Assets to Consider:

HHS Response and Recovery Resources Compendium
Potable Water/Wastewater/Environmental Health
Public Health Surveillance

Mosquito Abatement and Other Environmental Health Impacts

Flooding leads to large swaths of standing water and damp earth, presenting ideal breeding grounds for many types of mosquitoes. An increase in standing water could cause an increase in mosquitoes in the affected area.

Note the following language provided by CDC regarding [Hurricane Harvey and mosquito-borne viruses](#):

“Prior to Hurricane Harvey, no local spread of [Zika](#), [dengue](#), or other viruses spread by *Aedes aegypti* or *Ae. albopictus* mosquitoes had been reported in Houston or the areas affected by flooding. Although the flooding caused by Hurricane Harvey is severe and an increase in mosquito populations is expected in the coming weeks, CDC does not expect to see cases of Zika appear in the area because of flooding.

[West Nile virus](#) is primarily spread by *Culex* mosquitoes. Cases of West Nile virus have been reported in Texas this summer. CDC does anticipate additional cases of West Nile virus to be reported throughout the summer, but not as a result of flooding from Hurricane Harvey.”

Post-storm outdoor air and water pollution are additional potential concerns. Environmental health assessments, inspections of hazardous materials sites, and monitoring of air quality will likely be required to assess the environmental impacts. Responders must be made aware of additional hazards that might be present in the community. Water can be contaminated by leaking diesel fuel from submerged vehicles, sewage, and impacted chemical storage facilities.

For More Information:

[Mosquitoes and Hurricanes](#)

[ASPR TRACIE Zika: Resources at Your Fingertips](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)

[Public Health Surveillance](#)

[Vector Control](#)

Staff Fatigue and Replenishment

(repeated from [Immediate Considerations](#) section)

In the first few days of a response, staff are focused on rescue and response operations and often can't rest and remove themselves from operations or won't. After a few days of non-stop operations, they begin to tire and can display signs of stress.

For More Information:

[ASPR TRACIE Responder Safety and Health Topic Collection](#)
[ASPR TRACIE Disaster Behavioral Health: Resources at Your Fingertips](#)
[ASPR TRACIE Tips for Retaining and Caring for Staff after a Disaster](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)
[Medical Care Personnel](#)
[Mental Health and Substance Abuse](#)
[Worker Health and Safety](#)

Long-Term Considerations and Recovery

Change to the Baseline Level of Health

If regular and consistent access to healthcare is impeded due to the impact of a hurricane, the overall health of a community can decline. If the healthier members of the community choose to relocate, leaving behind those with pre-existing conditions and a lack of resources, the baseline health of the community can be affected but with disproportionate effects on those with chronic conditions and those with access and functional needs. During recovery, efforts to assure continuity of services for these populations is critical to health maintenance.

For More Information:

ASPR TRACIE Topic Collections:
[Access and Functional Needs](#)
[Ambulatory Care and Federally Qualified Health Centers](#)
[Recovery Planning](#)
[ASPR TRACIE Healthcare System Recovery Timeline White Paper](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium Disaster Recovery Assistance](#)

Loss of Facilities

Many of the healthcare facility closures or disruptions during and immediate following the storm impact are temporary and normal operations can resume relatively quickly, but there will be facilities that will not be able to quickly or easily re-open. Those with significant flooding or structural damage may need major repairs or rebuilding to be operational again. Emergency planners must consider how to support these individual facilities in

The New Orleans metropolitan area had 4083 hospital beds prior to Hurricane Katrina – one year later only 1971 beds were available. There were 51 nursing homes prior to the storm – one year later only 29 were still operational.

recovery and also plan to address the impact their loss will have on the overall delivery of healthcare to the community. This impact involves all healthcare facilities, not just hospitals and nursing homes, but clinics, labs, outpatient offices, and individual physician practices. System and facility re-design offers opportunities to enhance service provision and protect critical infrastructure against future threats.

For More Information:

ASPR TRACIE Topic Collections:

- [Alternate Care Sites](#)
- [Ambulatory Care and Federally Qualified Health Centers \(FQHC\)](#)
- [Continuity of Operations \(COOP\)/Failure Plan](#)
- [Crisis Standards of Care](#)
- [Hospital Surge and Immediate Bed Availability](#)
- [Mental/Behavioral Health](#)
- [Pre-Hospital](#)
- [Recovery Planning](#)
- [Virtual Medical Care](#)

[ASPR TRACIE Healthcare System Recovery Timeline White Paper](#)

[Design Guide for Improving Hospital Safety in Earthquakes, Floods, and High Winds: Providing Protection to People and Buildings](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)

- [Disaster Recovery Assistance](#)
- [Hospital Care](#)
- [Mass Care](#)
- [Medical Care Personnel](#)
- [Medical Equipment and Supplies](#)
- [Outpatient Services](#)

[State Medical Response Teams \(Inter- or Intrastate\)](#)

[Emergency Management Assistance Compact](#)

Loss of Healthcare Coverage

In past major hurricanes, businesses were unable to reopen after the disaster, leading to job loss. Many workers who lose their jobs also lose their healthcare coverage and may not be able to afford private or subsidized healthcare. This decrease in healthcare coverage could lead to an increase in uncompensated care and enrollment in Medicaid programs.

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium Disaster Recovery Assistance](#)

Loss of Providers

In addition to the loss of healthcare facilities, the impacted area may experience a loss of individual healthcare providers. Those providers may have relocated due to their own personal loss during the storm or may have relocated because there was no available work in the short-term recovery phase due to facility damage or lower patient volumes. Providers who have relocated, found a new job, and resettled may be reluctant to return to the disaster impacted area once their previous facility is operational again.

There were 4500 doctors serving three of the parishes surrounding New Orleans prior to Hurricane Katrina's impact. One year later only 1200 had returned to practice.

For More Information:

[ASPR TRACIE Healthcare System Recovery Timeline White Paper](#)

Select Programs/Assets to Consider:

[HHS Response and Recovery Resources Compendium](#)

[Disaster Recovery Assistance](#)

[Hospital Care](#)

[Mass Care](#)

[Medical Care Personnel](#)

[Medical Equipment and Supplies](#)

[Outpatient Services](#)

Appendix A: Additional and Cited Resources

Select ASPR TRACIE Resources:

- After the Flood: Mold-Specific Resources
- Drug Shortages and Disasters
- Durable Medical Equipment in Disasters
- Emergency Prescription Assistance Program (EPAP): Hurricane Gustav Data Fact Sheet
- Emergency Prescription Assistance Program (EPAP): Hurricane Ike Data Fact Sheet
- Emergency Prescription Assistance Program (EPAP) Louisiana Floods Data Fact Sheet
- Emergency Prescription Assistance Program (EPAP): Overview Fact Sheet
- Emergency Prescription Assistance Program (EPAP): Superstorm Sandy Data Fact Sheet
- Federal Patient Movement: NDMS Definitive Care Program Fact Sheet
- Federal Patient Movement: Overview Fact Sheet
- HIPAA and Disasters: What Emergency Professionals Need to Know
- Tips for Retaining and Caring for Staff after a Disaster
- Topic Collections

Government Accountability Office. (2006). Status of the Health Care System in New Orleans and Difficult Decisions Related to Efforts to Rebuild it Approximately 6 Months After Hurricane Katrina.

Kaiser Family Foundation. (n.d.). Addressing the Health Care Impact of Hurricane Katrina. (Accessed 9/7/2017.)

Kaiser Family Foundation. (2007). Health Care in New Orleans Before and After Hurricane Katrina.

Manuel, J. (2013). The Long Road to Recovery: Environmental Health Impacts of Hurricane Sandy. Environmental Health Perspectives.

Rudowitz, R. (2007). Health Care in New Orleans Before and After Hurricane Katrina. Health Affairs.

Scott, D. (2017). What Katrina Can Teach Us About Health Care after Hurricane Harvey. Vox.

Saulnier, D. (2017). No Calm After the Storm: A Systematic Review of Human Health Following Flood and Storm Disasters. Prehospital and Disaster Medicine.

Post-Storm Hospital Assessment Tool Resources

American College of Emergency Physicians. (n.d.). [Hospital Disaster Preparedness Self-Assessment Tool](#).

Though not an assessment for post-disasters specifically, this tool may provide some helpful information on categories that should be considered in a post-disaster assessment (particularly sections 3-7). This assessment was developed to assist hospitals in revising and updating existing disaster plans or in the development of new plans.

California Emergency Medical Services Authority. (n.d.). [Hospital Incident Command System 251- Facility Systems Status Report](#).

This HICS form is to be used to determine the status (functional, partially functional, nonfunctional) of a healthcare facility after an emergency event.

Centers for Disease Control and Prevention. (n.d.). [Checklist for Infection Control Concerns when Reopening Healthcare Facilities Closed Due to Extensive Water and Wind Damage](#).

This checklist provides guidance for completing building and life safety inspections prior to restoration work, and guidance for infection control review of facilities to be done before the hospital can reopen. Attachment A includes a site specific checklist for selected areas of the facility (e.g., laboratory, pharmacy, etc.).

Harvard School of Public Health, Emergency Preparedness and Response Exercise Program. (2014). [Essential Functions and Considerations for Hospital Recovery Version 2](#). Federal Emergency Management Agency.

This document helps hospitals prepare to manage recovery from all types of events. Recovery planning benchmarks are included starting on page 34 to help hospitals independently assess their recovery capabilities. The benchmarks are drawn from a variety of sources including the ASPR Healthcare Preparedness and Response Capabilities, Joint Commission Hospital Accreditation Standards, the NDRF, and lessons learned from both recovery-focused exercises and real-world disasters. The document also includes questions to consider during recovery planning starting on page 38.

Pan American Health Organization, World Health Organization. (n.d.). [Hospital Administrator, Post Disaster Functional Checklist](#).

This checklist is meant to be used by a CEO or Hospital Administrator within 24 hours after the impact of a natural or man-made disaster. Its objective is to determine the immediate level of safety and functionality of the hospital. The facility is assessed in three segments: structural, non-structural, and functional capacity.

Raske, K. (2006). [Greater New York Hospital Association Recovery Checklist for Hospitals After A Disaster](#). Greater New York Hospital Association.

Hospital staff can utilize this facility recovery checklist to check for potential issues in the facility after a disaster.

Rudowitz, R., Rowland, D., and Shartzter, A. (2006). [Health Care In New Orleans Before And After Hurricane Katrina](#). Health Affairs. 25(5).

This article highlights healthcare data in New Orleans before and after Hurricane Katrina to illustrate the effects of the storm on the medical field, the city, and the State of Louisiana.

South Carolina Department of Health and Environmental Control. (2016). [Post-Disaster Hospital Reopening Procedures](#).

This document provides a step-by-step guide for hospitals to follow prior to reopening. It includes five primary steps with action items under each.

Zane R, Biddinger P, Gerteis J, Hassol A. (2010). [Hospital assessment and recovery guide](#). AHRQ Publication No. 10-0081.

This guide is designed to help organize the initial assessment of a hospital after an evacuation/closure due to an emergency event. The guide is divided into 11 sections, each with its own team and assessment assignment: Administration, Facilities, Security and Fire Safety, Information Technology and Communications, Biomedical Engineering, Medical, Ancillary Services, Materials Management, Building and Grounds Maintenance/ Environmental Services, and Support Services.

Appendix B: Access for Medical Supplies and Deliveries through Law Enforcement Blockades

This information has been supplied by the HHS Healthcare and Public Health Sector Critical Infrastructure Security and Resilience Partnership program

The only **county** that has shared their preferred letter/placard/directions for access is Victoria County—

- [Re-entry instructions](#)
- [Letter of Access](#)
- [Vehicle Placard](#)

In addition to the procedure above, use these 2 procedures below to request assistance. These processes are being coordinated through FEMA in the region and have been successful, but it's not a guarantee.

1) webform: submit information via the NEMA/IAEM Access portal: <http://ppp.trustedops.com/> and click access re-entry information. Flag everything as life-saving or life-sustaining.

2) via email: send the following information to R6-privatesector@fema.dhs.gov Provide the following information:

- What life-safety commodities are you transporting? (Please be advised that only lifesaving/life-sustaining commodities are currently being allowed in to restricted areas)
- How many trucks are being sent/require access, and how are trucks marked?
- What is end destination and known route?
- What IDs do drivers have?
- What is the ETA for destination?

For assistance if you don't hear back during these issues, personally email R6privatesector@fema.dhs.gov and eraina.perrin@fema.dhs.gov and cc: cip@hhs.gov

Please contact cip@hhs.gov with any further questions.