

Reviewing Disasters: Hospital Evacuations in the United States from 2000-2017

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Objectives

- Discuss hospital evacuations from 2000-2017
- Showcase the variances in the data as categorized per state
- Elaborate on the causes of evacuations in the United States, ranging from external, internal, and man-made
- Deliberate the implications of this data by examining its applicability in disaster planning
- Consider the necessity for a national database to report incidences of evacuations

Introduction

Between 2000 to 2017, there were over 150 hospital evacuations in the United States. Data received from 35 states primarily concentrated in California, Florida, and Texas. The study aimed to investigate US hospital evacuations, compiling the data into external, internal, and man-made disasters; thus, creating a risk assessment for hospital disaster planning.

Methods

Reports were retrieved from Lexis Nexis, Google, and PubMed databases, and categorized according to evacuees, duration, location, and type. These incidents were grouped into three classifications: external, internal, and man-made. The study design included partial and full evacuations.

Results

There were a total of 154 reported evacuations in the US. 110 (71%) external threats, 24 (16%) man-made threats, and 20 (13%) internal threats. Assessing the external causes, 60 (55%) attributed to hurricanes, 21 (19%) wildfires, and 8 (7%) storms. From the internal threats, 8 (40%) attributed to hospital fires and 4 (20%) chemical fumes. From the man-made threats, 6 (40%) attributed to bomb threats and 4 (27%) gunmen. From the 20 reported durations of evacuations, 9 (45%) lasted between 2 to 11:59 hours, 6 (30%) over 24 hours, and 5 (25%) up to 1:59 hours.

Discussion

Over 70% of hospital evacuations in the US were due to natural disasters. Compared to 1971-1999, there was an increase in internal and man-made threats. Exact statistics on

evacuees, durations, injuries, and mortality rates were unascertainable due to a lack of reporting. In light of the limitations, it is recommended to implement a national registry to report incidences of evacuations to assist with disaster and infrastructure planning.

Conclusion

From the reported evacuations, the greatest number were due to external threats. This resulted in decreased patient care along with increased risks. Unreliability of reports and missing information has further led to increased hospital vulnerability to future disasters due to poor planning.

References

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