

Hospital Evacuation and Shelter-in-Place Decision-Making During Hurricane Sandy: An Analysis of Influential Mid-Atlantic State Laws

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Introduction

Hurricane Sandy

- Made landfall in Brigantine, New Jersey on October 22, 2012; biggest named storm on record in Atlantic Ocean and 2nd costliest cyclone in U.S. history.¹
- Resulted in 147 storm-related deaths, nearly half of which occurred in the Mid-Atlantic and Northeastern U.S.¹
- At numerous hospitals power, steam, water and sanitation were interrupted hindering both continuity of patient care and the safety of patients and staff.
- In New York and New Jersey, 7 acute care hospitals were evacuated.
- In New York City alone, approximately 6,300 patients were evacuated from 37 healthcare facilities.²

Public Health Legal Preparedness

- Given its duty to safeguard public health,³ the government has a responsibility to ensure appropriate protective action – such as evacuation or shelter-in-place (i.e., taking immediate refuge within a hospital) – occurs when impending disasters threaten or impair the ability of hospitals to sustain essential services.
- The law can enable the government to fulfill this duty by providing necessary authority to order preventive or reactive response when safety is imperiled.^{4,5}

Methods

- State laws that may have affected evacuation and shelter-in-place of hospitals during Hurricane Sandy were systematically identified and analyzed.
- Utilizing LexisNexis® State Capital, Delaware (DE), Maryland (MD), New Jersey (NJ), and New York (NY) statutory and administrative codes were searched to identify laws in place on October 22, 2012 concerning the authority to declare an emergency, declare a *health* emergency, and order evacuation or shelter-in-place.
- Systematically abstracted data and characterized these emergency authorities.

Results

Mid-Atlantic State Laws Pertaining to Emergency Declarations, *Health* Emergency Declarations, & Evacuation Orders

State	Declare an Emergency	Declare a <i>Health</i> Emergency	Order Evacuation
DE	20 Del. C. § 3115	20 Del. C. § 3132 *	16 Del. C. § 508 20 Del. C. § 3116
MD	Md. Public Safety Code Ann. § 14-107 Md. Public Safety Code Ann. § 14-303	Md. Public Safety Code Ann. § 14-3A-02	Md. Public Safety Code Ann. § 14-107 Md. Public Safety Code Ann. § 14-3A-03
NJ	N.J. Stat. § App. A:9-51	N.J. Stat. § 26:13-3A	N.J. Stat. § 26:13-8 N.J.A.C. 10:161B-2.21 N.J.A.C. 8:43E-3.8
NY	NY CLS Exec § 28		NY CLS Exec § 24 NY CLS Unconsol Ch 131, § 25

* Though Delaware does not explicitly allocate the authority to declare a health emergency, 20 Del. C. § 3132 defines "public health emergency."

Limitations

- Scope is limited to statutes and regulations in place in four Mid-Atlantic states on October 22, 2012.
- Findings do not include local ordinances, regulations, or orders, which may also impact emergency response and evacuation of hospitals.

Conclusions

- Law enables the government to fulfill its core duty to protect public health and safety by providing necessary authority to order response when safety is imperiled, but clear authorities and responsibilities are essential.
- By providing a systematic inventory of existing emergency preparedness laws relevant to ensuring continuity of medical care during coastal storms, this empirical research contributes to enhancing public health legal preparedness.
- States can further improve their readiness for catastrophic disasters by ensuring the explicit authority to declare a health emergency, order evacuation, or order shelter-in-place where it does not already exist.

References

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