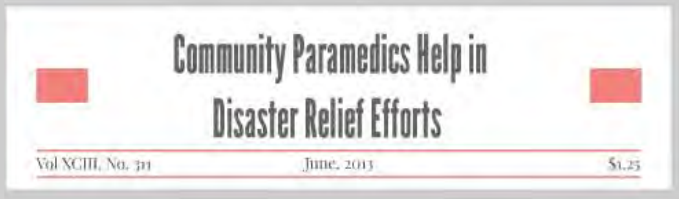

City of Calgary


Calgary & Southern Alberta
1.4 million people
Size - 38,280km2


Community Paramedics Help in Disaster Relief Efforts
Vol XCIII, No. 311
June, 2013
$1.25


2800 m3/s


Flooding Begins
June 20, 2013
2400 m3/s
1240m3/s
325 mm or 12.8inches of rain in less than 48 hours
Bow River = 8x normal
Elbow River = 12x normal
4 People Killed
Total damage estimates exceeded C$1.7 billion
Costliest disaster in Alberta's history


Complex High Needs Evacuees
Demographics


Evacuation Begins and Shelters Formed
80,000 People Evacuated
32 Communities
6 Evacuation Sites
~600 Water Rescues
15 hours


Secondary Surge of Patients
Lack of medications
Exacerbation of chronic disease
Mental illness
Minor injuries


Collaborative Care


Community Paramedics Role
Access to Primary and Urgent Care

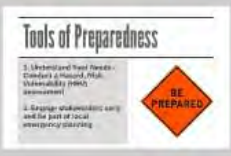

KEEP CALM
ITS
OVER


Repatriated Residents
Change in Healthcare Needs
Minor Trauma
Trauma
Injuries
Wound Care


Prescription Management
Patient's Past Medical History


EMERGENCY

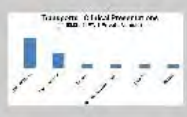

Community Paramedics Deployed!!
Total: 10 CPs
4 CP Units
0600-2200
Rotating coverage to 11 sites


Tools of Preparedness
BE PREPARED


Hazard, Risk, Vulnerability Assessment (HRV)
5 Steps

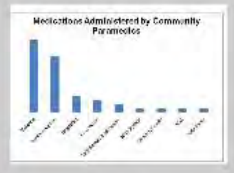

Step 4 - Risk & Vulnerability Evaluation
Impact of Recovery Timeframe

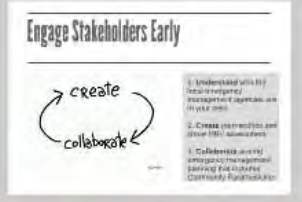

Clinical Presentations
Medication Administration




Step 1 - Set the Context

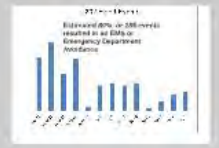

Step 2 - Identify Potential Risks & Vulnerabilities

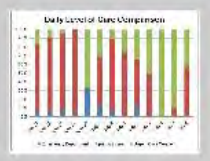

Medications Administered by Community Paramedics


Engage Stakeholders Early
create
collaborate


Step 3 - Assess Identified Risks and Vulnerabilities


Step 5 - Risk, Vulnerability Management




Daily Level of Care Comparison


OUTCOMES


WE LOST SOME STUFF
WE GAINED A COMMUNITY
THANK YOU!


Lessons learned


Lesson #2


Lesson #1
Future disaster planners should not assume that most victims of a disaster require hospitalization

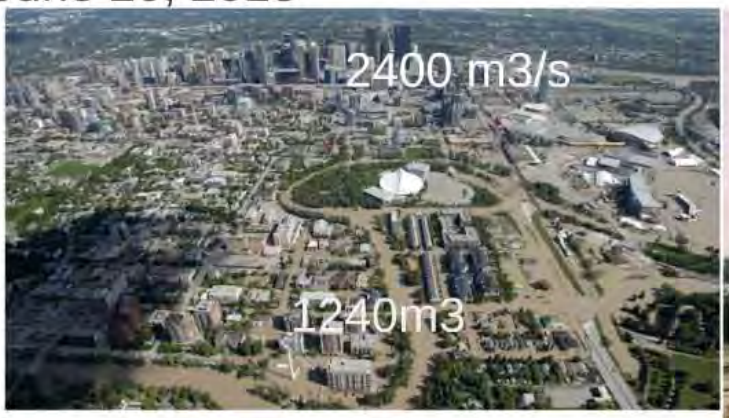
Lesson #3

Community Paramedics Help in Disaster Relief Efforts

Vol XCIII, No. 311 June, 2013 $1.25

Flooding Begins

June 20, 2013



325 mm or **12.8inches** of rain in less than **48 hours**

Complex High Needs Evacuees

Demographics

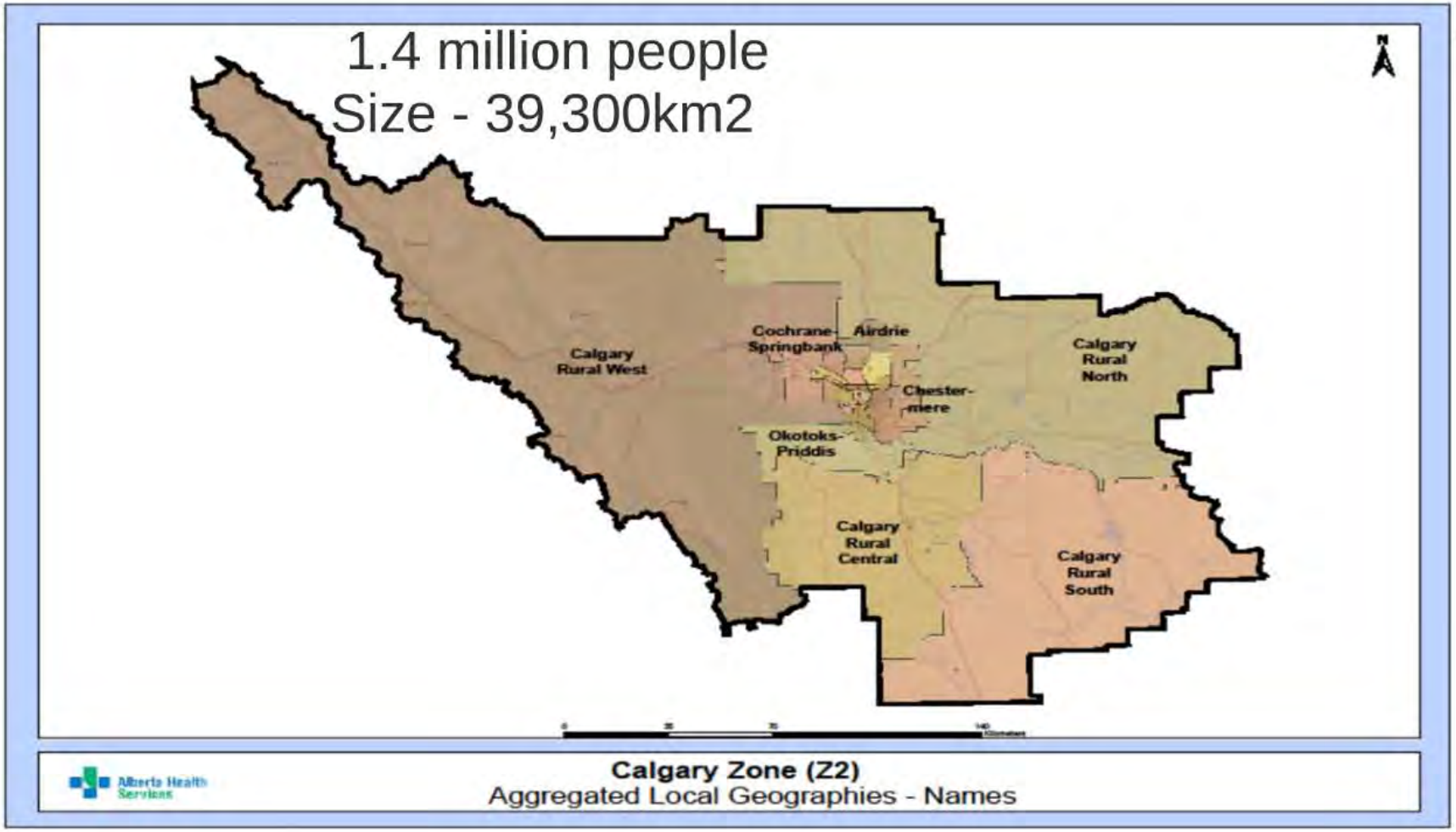
- Frail Elderly
- Lower Socioeconomics
- Homeless
- No Social Support Networks
- Chronic Disease

Secondary Surge of Patients

[redacted]

- Lack of medications

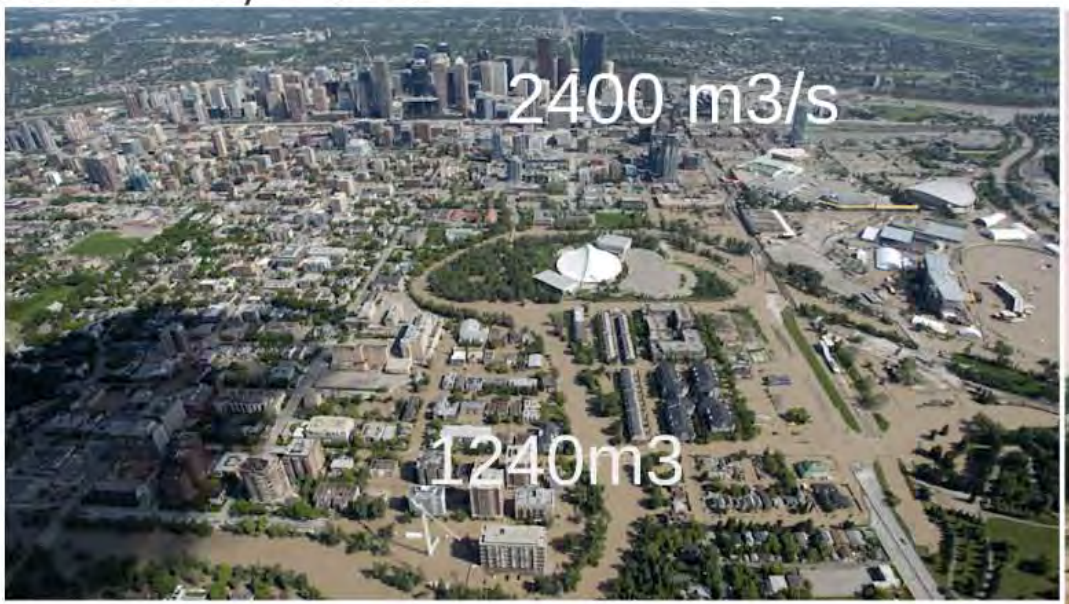
Calgary & Southern Alberta



City of Calgary

Flooding Begins

June 20, 2013



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Costliest disaster in Alberta's history


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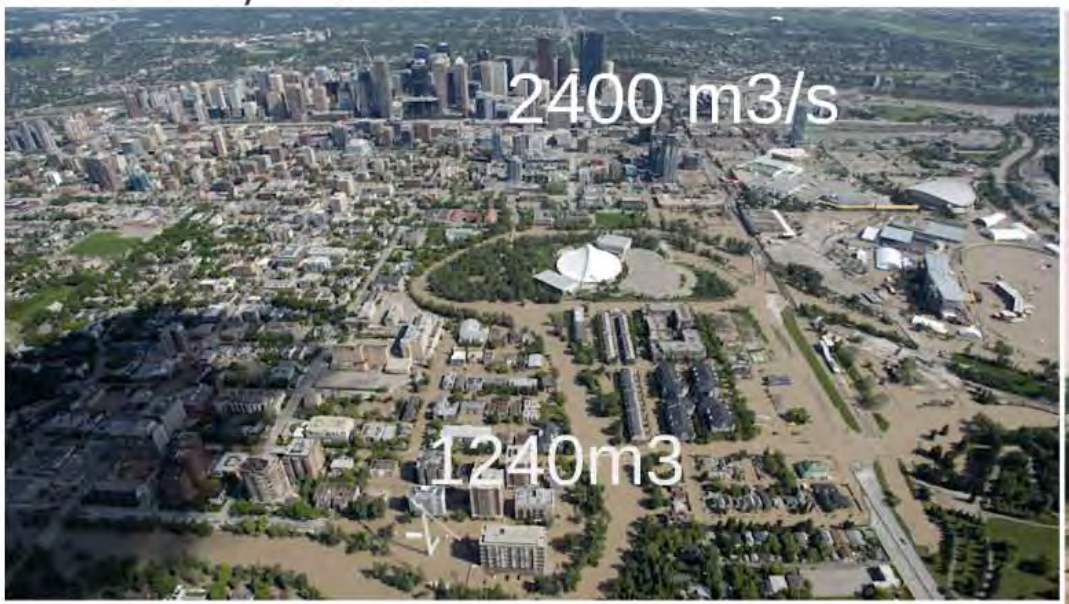

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9 AVE SE

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80,000 People Evacuated

- 32 Communities
- 6 Evacuation Sites
- 400 Water Rescues
- 15 hours

Complex High Needs Evacuees

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Secondary Surge of Patients

- Lack of medications
- Exacerbation of chronic disease
- Mental illness
- Minor trauma


EMERGENCY

Community Paramedics Deployed!!

June 20, 2013

Total 10 CPs

4 CP Units

0600-2200

Roaming coverage to 11 sites

Community Paramedics Role

Access to Primary and Urgent Care

Assessments

Diagnostics (ECG, SPO2,temp, blood)

Physician Facilitated Diagnosis (orders)

Medication Administration and Management (IV & PO)

Collaborative Care

Pharmacist

Physician


KEEP
CALM
ITS
OVER
¥

Repatriated Residents

Change in Healthcare Needs

Minor Trauma

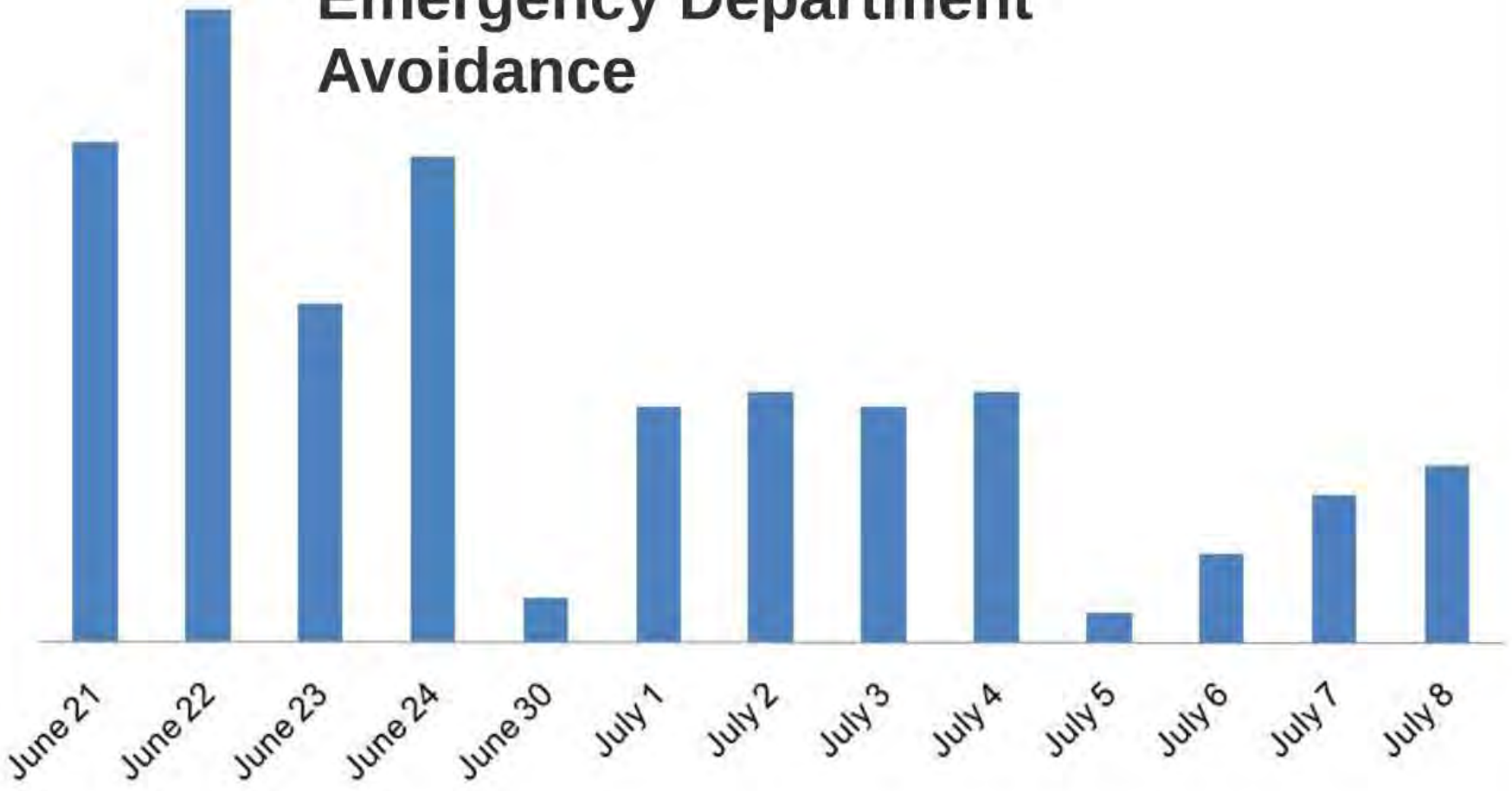
Tetanus

Sutures

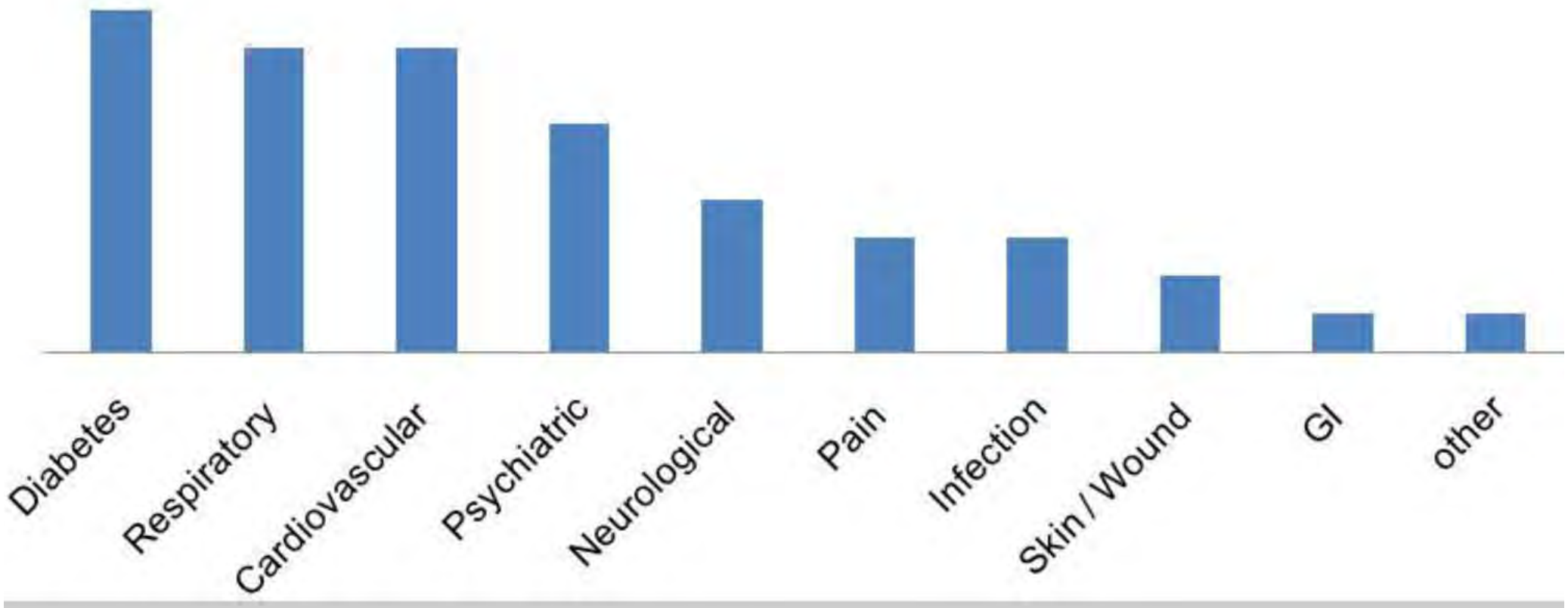
Wound Care

232 Flood Events

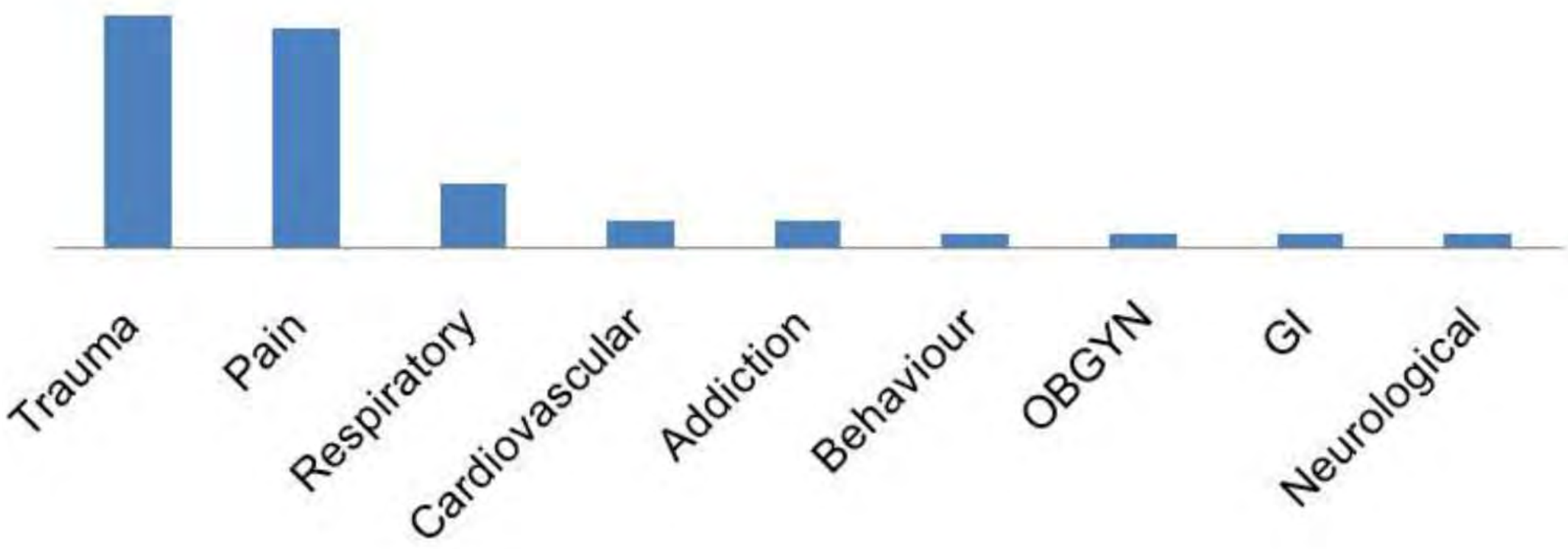
Estimated *80% or 185* events resulted in an EMS or Emergency Department Avoidance



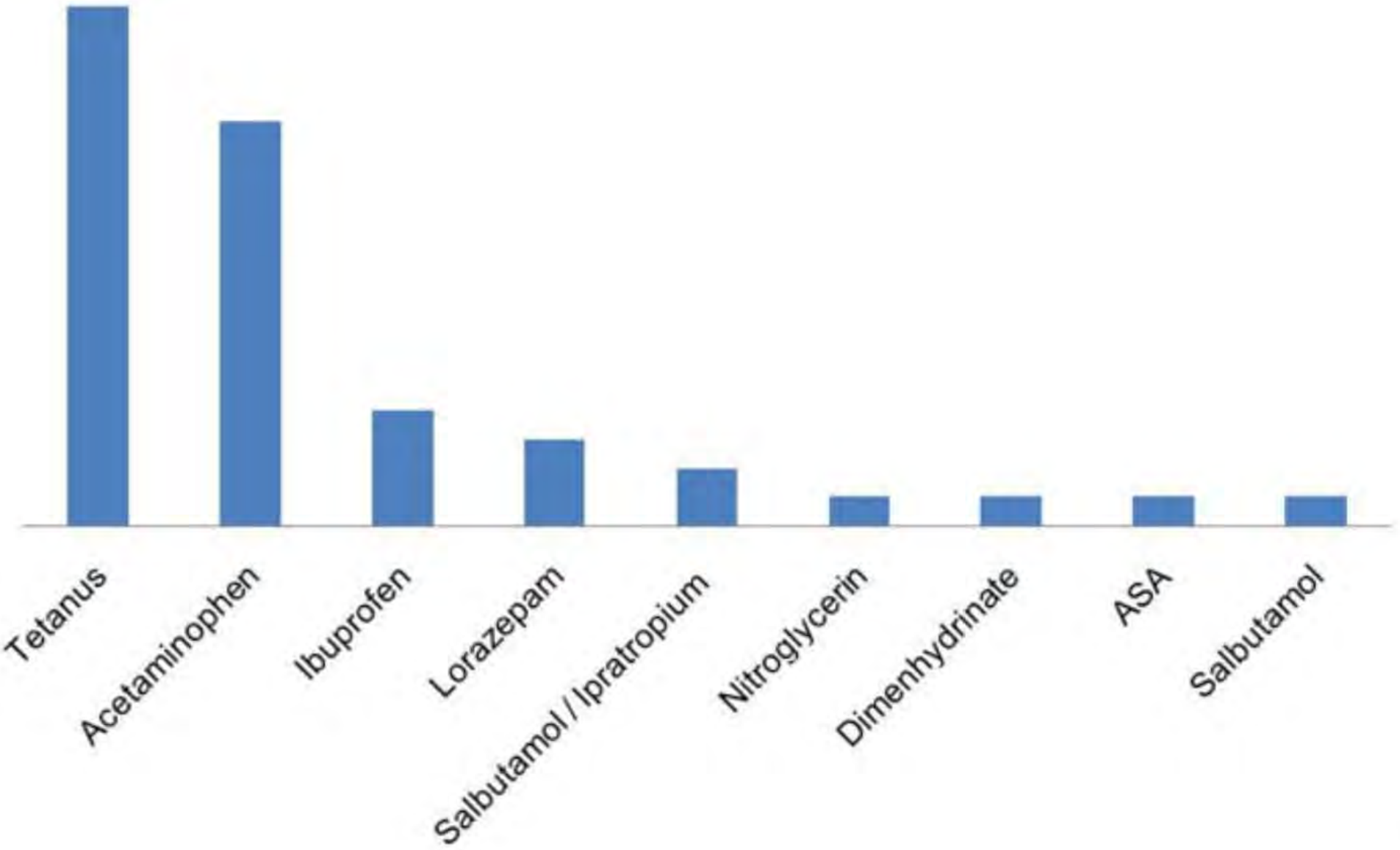
Prescription Management
Patient's Past Medical History



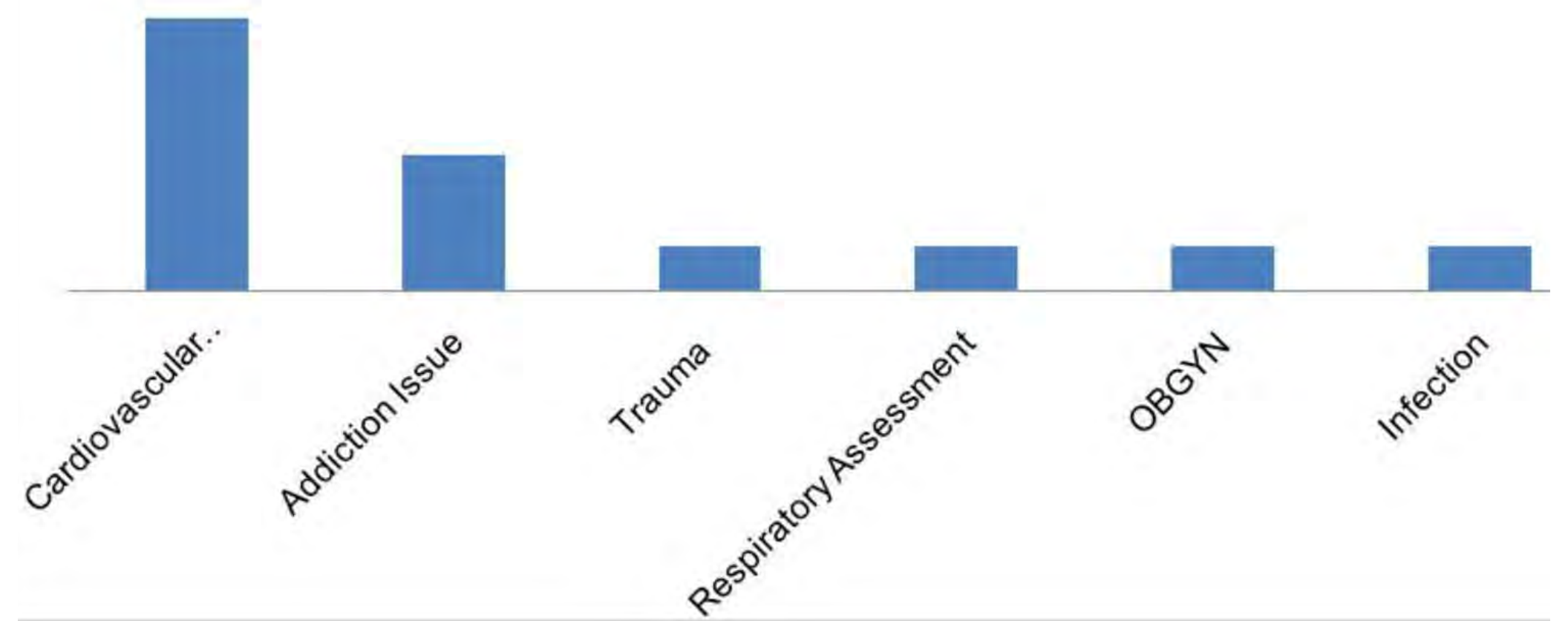
Clinical Presentations Medication Administration

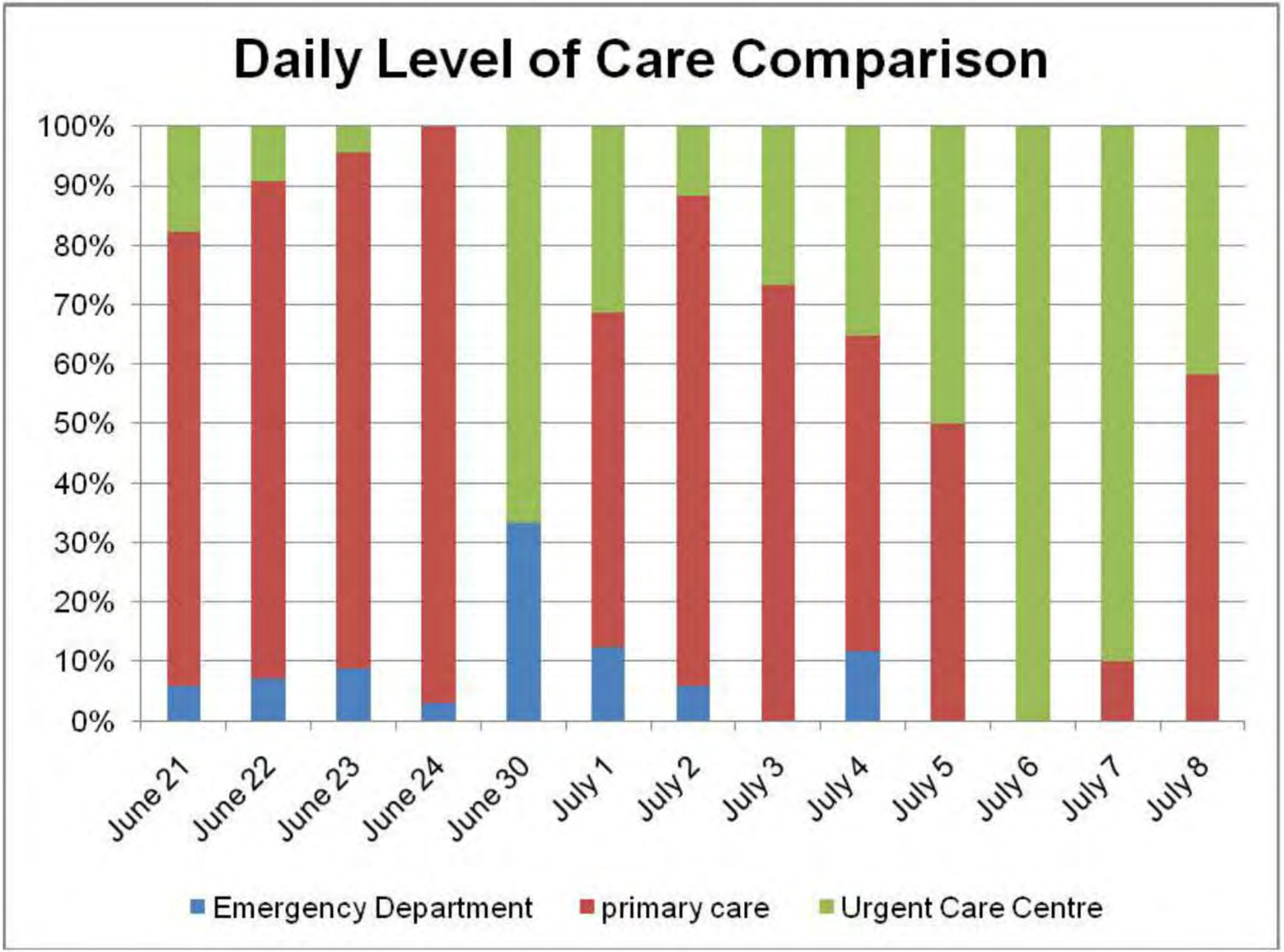


Medications Administered by Community Paramedics



Transports - Clinical Presentations
(11 EMS, 1 IFT, 1 Private Vehicle)




Daily Level of Care Comparison
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
June 21
June 22
June 23
June 24
June 30
July 1
July 2
July 3
July 4
July 5
July 6
July 7
July 8
Emergency Department
primary care
Urgent Care Centre

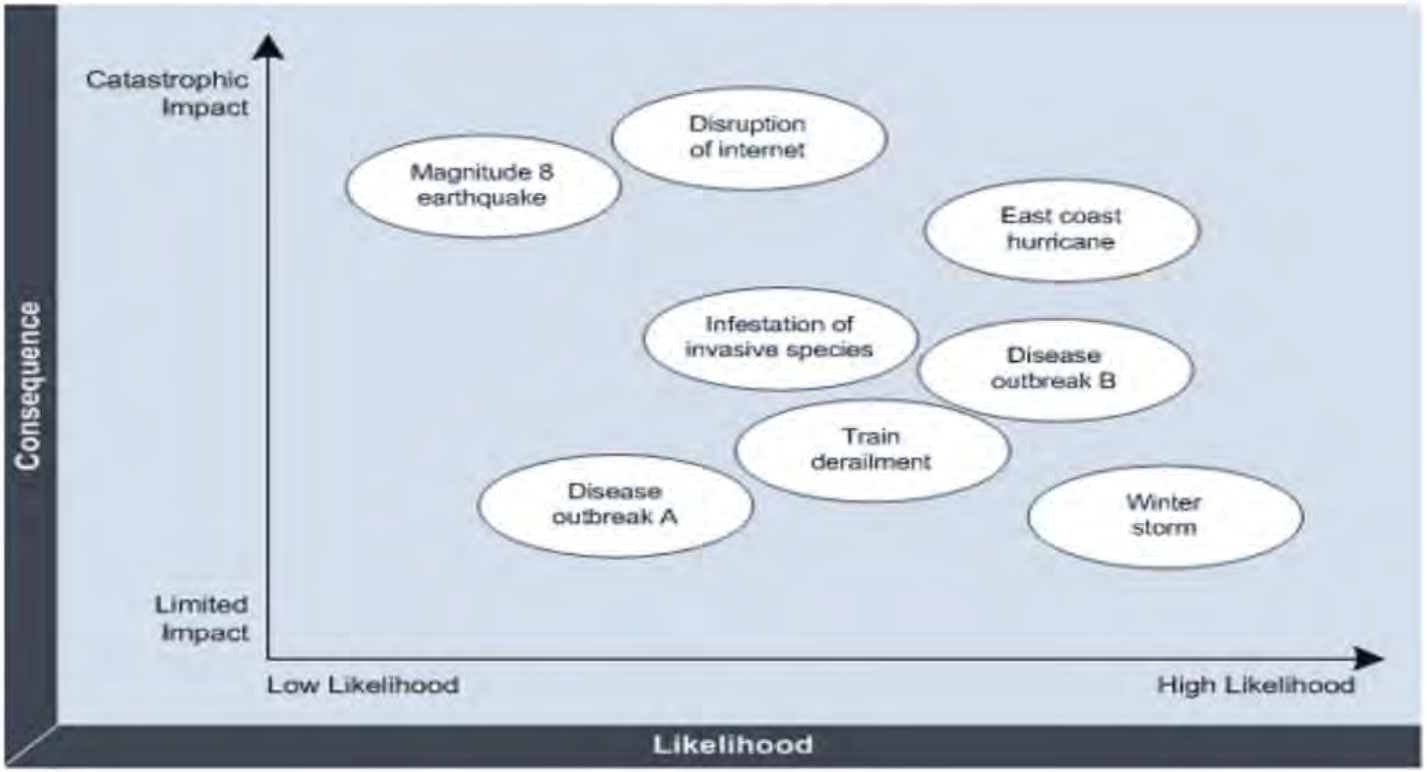
Tools of Preparedness

1. Understand Your Needs - Conduct a Hazard, Risk, Vulnerability (HRV) assessment

2. Engage stakeholders early and be part of local emergency planning

Hazard, Risk, Vulnerability Assessment (HRV)

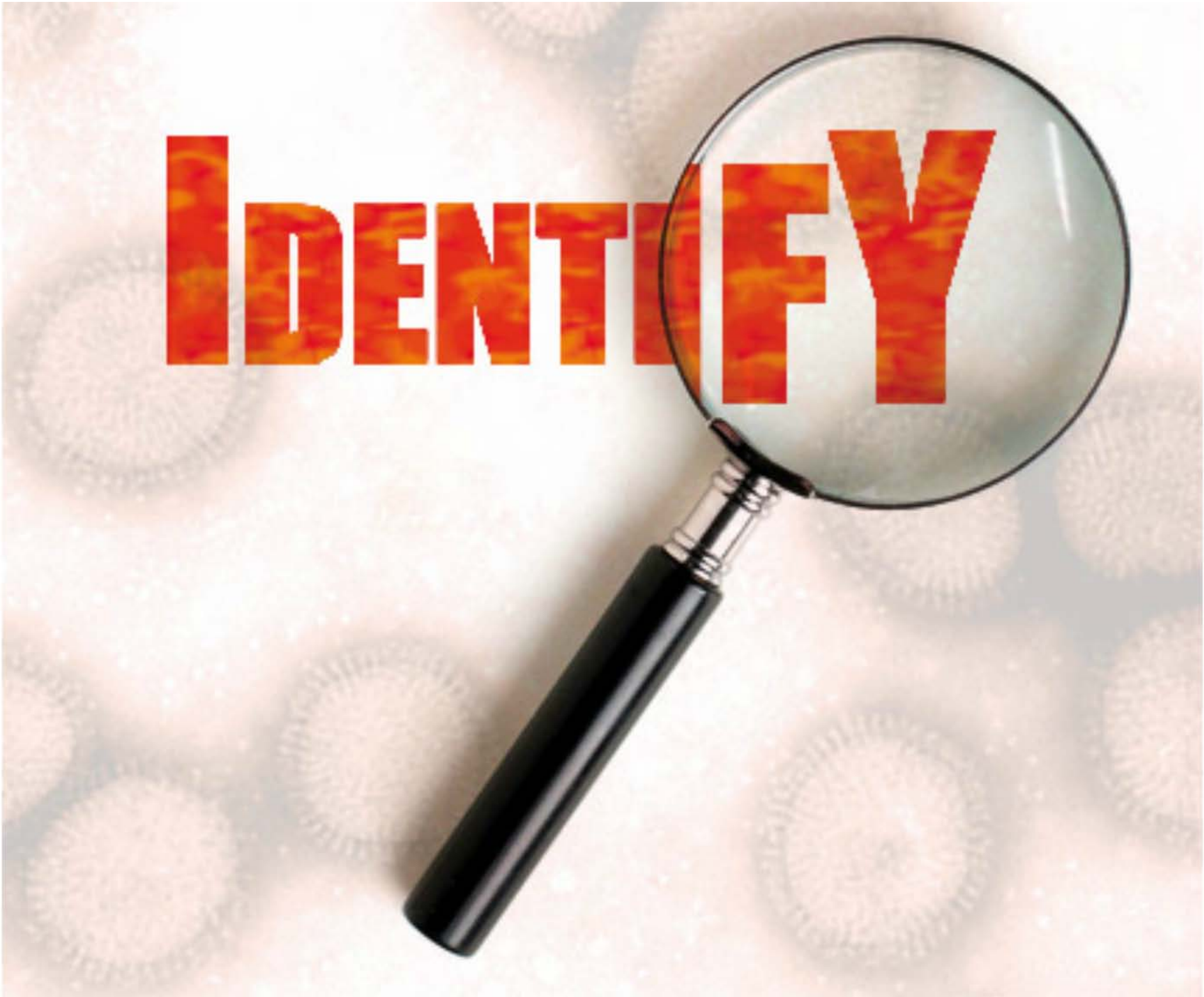
5 Steps



Step 1 - Set the Context

What is the assessment designed to protect?

Community Paramedic Perspective: Continued health of people during large scale emergencies


IDENTIFY

Step 2 - Identify Potential Risks & Vulnerabilities

Community Paramedic Context:

Frail Elderly

Complex High Needs Populations

Current Health System Capacity

Step 3 - Assess Identified Risks and Vulnerabilities

1. Complex High Needs Populations

2. Patient Surge and System Capacity

Step 4 - Risk & Vulnerability Evaluation

Impact of Recovery Timeframe

Step 5 - Risk, Vulnerability Management

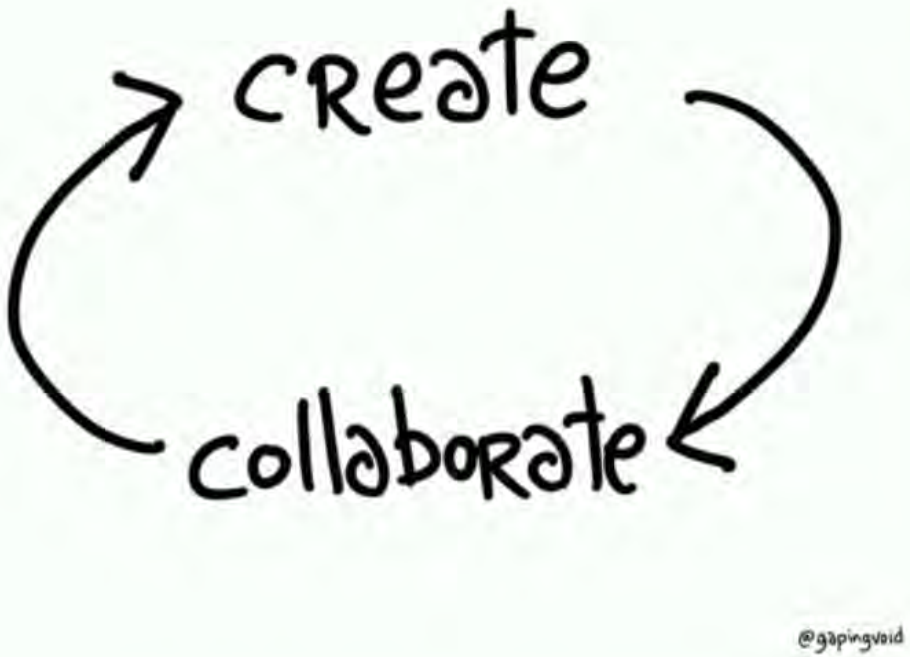
Focus planning on Community Paramedic involvement and collaboration with existing healthcare system

Tools of Preparedness

1. Understand Your Needs - Conduct a Hazard, Risk, Vulnerability (HRV) assessment

2. Engage stakeholders early and be part of local emergency planning

Engage Stakeholders Early



1. **Understand** who the local emergency management agencies are in your area

2. **Create** partnerships and share HRV assessment

3. **Collaborate** around emergency management planning that includes Community Paramedicine

OUTCOMES

System

Reduced Secondary Surge of patients to 911, EMS and Emergency Departments

OUTCOMES

Professional

Increased Support and Utilization of Community Paramedicine

Patient

Improved Access to Primary and Urgent Healthcare

System

Reduced Secondary Surge of patients to 911, EMS and Emergency Departments

Professional

Increased Support and Utilization of Community Paramedicine

Patient

Improved Access to Primary and Urgent Healthcare

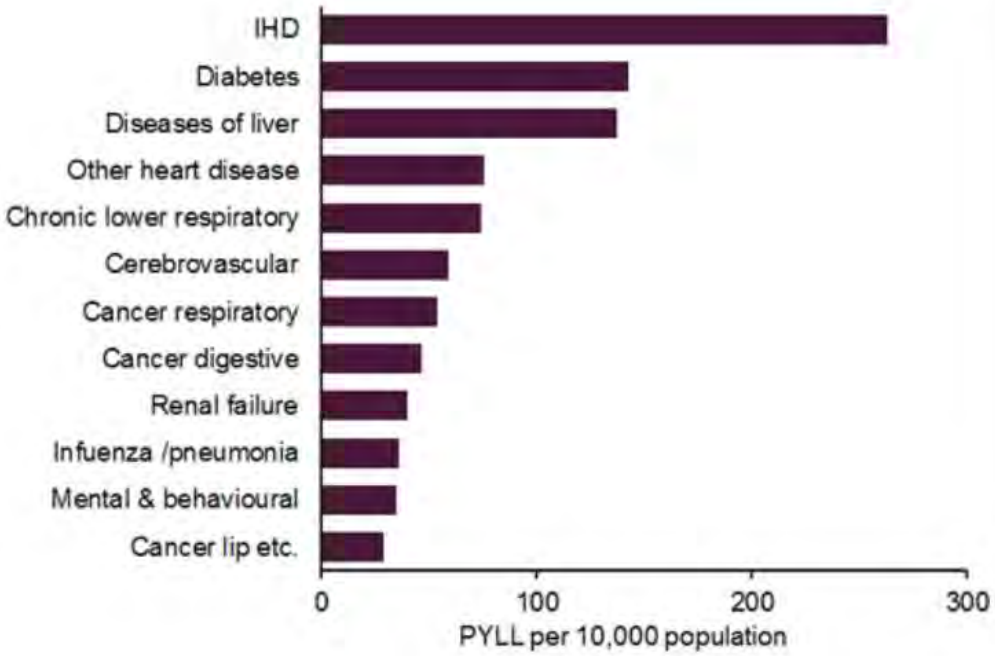

Lessons
Learned

Lesson #1

Future disaster planners should not assume that most victims of a disaster require hospitalization

Lesson #2

The greatest medical need for displaced disaster victims is continuation of chronic disease care at evacuation sites and acute care during repatriation



Lesson #3

An integrated health network that includes physicians, community paramedics, pharmacies and allied health workers is well equipment to handle the complexities of a major disaster


WE LOST SOME STUFF
WE GAINED A COMMUNITY
THANK YOU!