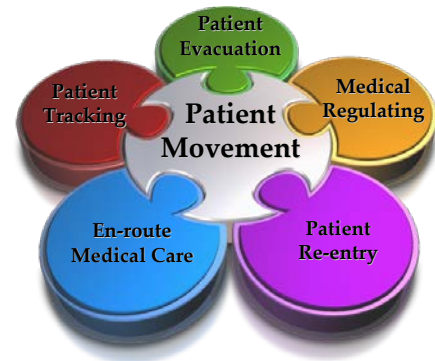


# Federal Patient Movement Overview Fact Sheet

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When a state requests federal support to move patients, the U.S. Department of Health and Human Services (HHS), as the lead federal agency for Emergency Support Function #8, Public Health and Medical Services, will implement the patient movement system, which is comprised of five functions: patient evacuation (to include patient reception and management), medical regulating, en-route medical care, patient tracking, and re-entry.



## What is Federal Patient Movement?

Federal patient movement entails the relocation or evacuation of patients from a disaster site to unaffected areas of the nation by federal agencies. This could include movement from places such as the actual incident scene, the patient's home, a hospital, or nursing home, to a facility within a specific hospital network. The federal patient movement system is requested when the number of patients required to be moved exceeds local or state patient movement capabilities. However, long before federal support is involved, patient movement and evacuation activities are taking place at the local and state levels.

## What are the Three Levels of Patient Movement?

Patient movement can occur at three levels:

- **Local Level:** After a disaster, local Emergency Medical Services (EMS) (e.g., ambulance, police, and fire) handle the bulk of patient movement.
- **State Level:** Once local authorities become overwhelmed, they will request assistance from the state. If possible, state authorities will assist, but local authorities will continue to carry out the majority of the response efforts. The state may also reach out to neighboring states through the Emergency Management Assistance Compact (EMAC) for additional support.
- **Federal Level:** Once state resources, including all EMAC agreements, are (or could potentially be) overwhelmed or exhausted, the state requests federal-level resources. Federal assistance could include resources contributed by the Federal Emergency Management Agency (FEMA) through the [National Ambulance contract](#). The National EMS contract is just one form of federal support in moving patients during a disaster; however, the contract is often the first resource made available directly to the state for response efforts.

## What Specific Functions are Included in Federal Patient Movement?

HHS coordinates transportation of seriously ill or injured patients and patients with special medical needs from casualty collection points in the impacted area to designated reception facilities.

HHS also coordinates the federal response in support of emergency triage and pre-hospital treatment, patient tracking, distribution, and patient return. This effort is carried out with federal and local, state, tribal, territorial, and insular area emergency medical services officials.

Finally, HHS provides support for evacuating seriously ill or injured patients through the National Disaster Medical System (NDMS), an interagency partnership with designated federal agencies and departments.

## Who Supports Federal Patient Movement?

HHS is not alone in carrying out the patient movement operation. The National Response Framework identifies 15 agencies and departments that support HHS for patient movement missions, including: the Department of Defense, the Department of Homeland Security, the Department of Veterans Affairs, and the Department of Transportation.

## How Can I Find Out More About Patient Movement?

Additional fact sheets on other components of federal patient movement include:

- [Federal Patient Movement: NDMS Definitive Care Program](#)
- [Federal Patient Movement: Joint Patient Assessment and Tracking System](#)

For more information, state or local health department emergency planners should contact their [ASPR Regional Emergency Coordinator](#).