



September 22, 2005

Melinda Amedee was scheduled to have a tumor removed from her kidney at a New Orleans hospital on August 30. She lives far enough away from the city to have missed serious damage from Hurricane Katrina. But when the 17th Street Canal levee broke the day before, she knew she wouldn't be having an operation at the Ochsner Cancer Institute anytime soon. With a 25-year history of kidney problems, Amedee, 39, was worried about the delay, and quickly arranged to have the surgery at the MD Anderson Cancer Center in Houston. But like thousands of other patients evacuated after the storm, Amedee presented her new doctors with a challenge: no medical records, and no way of contacting her Louisiana kidney specialist.

"Not having a portable medical record has been a massive challenge," says Mark Clanton, a deputy director of the National Cancer Institute, of the tens of thousands of patients dispersed around the country and needing access to doctors and drugs. "We need to create plans to evacuate and provide better care for the immediate medical needs of all people with chronic illness, not just cancer." ...

Delays in treatment are also dangerous for people with infectious diseases. An estimated 8,000 people with HIV and AIDS have been displaced by Katrina, and missing medication may lead to them developing resistance to the drugs treating the disease. Tuberculosis patients, many of whom are notoriously non-compliant in taking their six-month-long treatment regimen, may be relapsing and infecting others in crowded shelters. Before the hurricane, public health workers would visit the homes of many of New Orleans' 50-odd TB patients, and stand over them as they took their medication. Raoult Ratard, with the Louisiana office of public health, says "one of the goals we would like to achieve within the next 30 days is to try to find out where they went." ...

Many families were separated by Katrina, so even if parents know all about their children's conditions, they sometimes weren't around to pass that information on. Paul Sirbaugh, director of emergency services at Texas Children's Hospital, says his staff was confronted by children with liver transplants, cystic fibrosis, chronic asthma and seizures —and no idea of what medication they were on. "If we don't know what medicines they're on, we don't know what levels to measure to monitor their condition," Sirbaugh says. "A lot of times we have to start over."

Read more: <http://www.time.com/time/nation/article/0,8599,1107826,00.html#ixzz260s5HeSF>

**New Mexico Department of Health, Office of Health Emergency Management**  
***Emergency Preparedness***

The New Mexico Department of Health has created programs dedicated to awareness, prevention, preparedness, response and recovery for the public, first responders, medical personnel, hospitals, and special needs populations in New Mexico.

**Improved Immunization Data Helps Parents and Healthcare Providers Keep Kids Healthy**  
**(from DOH news release Jan. 9, 2012)**

“Immunizations are the best tool parents and healthcare providers have to keep children safe from serious and sometimes deadly diseases, such as measles and whooping cough,” said Department of Health Cabinet Secretary, Dr. Catherine Torres. “Keeping immunizations up-to-date helps children grow up healthy. Having more accurate immunization records for New Mexico’s children assures that they get the immunizations that they need and do not receive immunizations unnecessarily.” ...

The NMSIIS [New Mexico Statewide Immunization Information System] is operated by the Department of Health’s Public Health Division. The NMSIIS is an important tool used by public and private providers in recording and tracking the immunization status of individuals and is used to improve rates of immunization. The registry is also used to track vaccine inventory, generate detailed reports on rates of immunization and as a valuable tool assisting in epidemiological investigations of vaccine-preventable diseases.

**NMSIIS Authorizing Legislation**

The use of NMSIIS is authorized and limited by NMSA 24-5-7 through 24-5-15. Section 24-5-10 defines the allowable uses of NMSIIS data.

24-5-10. Use. The information contained in the immunization registry shall be used for the following purposes:

- A. To ensure that the registrants receive all recommended immunizations in a timely manner by providing access to the registrant’s immunization record;
- B. To improve immunization rates by facilitating notice to registrants of overdue or upcoming immunizations; and
- C. To control communicable diseases by assisting in the identification of individuals who require immediate immunization in the event of a disease outbreak; and
- D. To investigate and research the causes and prevention of disease.

*Proposed section E. To store health care information for individuals for use during disasters or other emergencies.*

**Emergencies to be prepared for in New Mexico**

1. Fires (e.g., Los Alamos, 2011)
2. Epidemics (e.g., H1N1 influenza, 2009)
3. Nuclear incidents (involving Los Alamos, Sandia National Labs)
4. Weather-related incidents (hurricanes, tornados, floods)

### **Advantages of storing health care information on NMSIIS**

1. Disaster Use: Information on a person's health care needs would be available in case of disaster and separation from medical records or even from parents.
2. Emergency Room Use: Basic information would be available to a provider, especially an emergency medical care provider, who would not have access to the patient's usual medical record.
3. Appropriate Access and Privacy: Information would be available only to a subset of those authorized to use NMSIIS, which has done well at assuring data privacy through restricted access.

### **Possible side effects of storing health care information on NMSIIS**

1. Expand the use of NMSIIS by those not usually using it (such as emergency room physicians and physicians who care for adults).
2. Expand the rolls of those willing to immunize appropriately by
  - a. Giving them access to the ability to determine quickly what vaccines a person needs according to CDC recommendations (example, pertussis)
  - b. Limiting over-immunization by indicating when a patient has already had a given immunization (for example, pneumococcal vaccine), thus saving money.
3. Encourage physicians and other medical care givers to talk with patients about emergency and other contingency planning.
4. Encourage patients' caregivers and parents to carry a printed copy of the emergency form.
5. Aid in making patients more aware of their own medical conditions and medications.
6. Eliminate some duplicated tests, saving money.

### **Issues to be considered and resolved**

1. Formatting issues (to be determined by OHEM and NMSIIS management).
2. Privacy issues are paramount. Approaches to be taken:
  - a. No one's information would be included on NMSIIS without their permission.
  - b. Access to this information would be on a restricted basis.
3. Convincing practitioners to take the time to fill out the forms. Approaches to be taken:
  - a. Publicize through physician organizations
  - b. Stimulate patients and parents to request physicians to fill out the forms
4. Keeping forms up-to-date. Approaches that might be taken:
  - a. Encourage links to electronic medical records
  - b. Periodic reminders to practitioners to update the forms.



Last name:

# Emergency Information Form for Children With Special Needs

American College of  
Emergency Physicians\*

American Academy  
of Pediatrics



Date form completed	09/11/12	Revised	Initials
By Whom	Lance Chilton	Revised	Initials

<b>Name:</b> Doe, John		Birth date: 11/2/44	Nickname:
Home Address: c/o NM Highland Univ., Las Vegas, NV		Home/Work Phone:	
Parent/Guardian:	Emergency Contact Names & Relationship:		
Signature/Consent*:			
Primary Language: English, Spanish	Phone Number(s): 555-505-1212		
<b>Physicians: Comerci</b>			
Primary care physician: Comerci	Emergency Phone: 272-2111		
	Fax: 505-272-5551		
Current Specialty physician: none	Emergency Phone:		
Specialty:	Fax:		
Current Specialty physician: none	Emergency Phone:		
Specialty:	Fax:		
Anticipated Primary ED: UNMH	Pharmacy: Walgreen, Rio Grande/Central		
Anticipated Tertiary Care Center: UNMH			

<b>Diagnoses/Past Procedures/Physical Exam:</b>	
1. hypertension	Baseline physical findings:
hypercholesterolemia	none
2.	
3.	Baseline vital signs:
	bp 125/80 HR 45-55
4.	
Synopsis: Placed here would be information	
about my important medical findings	
	Baseline neurological status:

\*Consent for release of this form to health care providers

