

TALS Guidance Document

Transportation Assistance Level (TAL) Scale

Purpose:

To provide a universally recognized scale for the rapid assessment of the transportation assistance needs of patients/residents during a non-emergent, **planned evacuation**.

Principle:

For the purpose of an evacuation, patients/residents shall be assessed for their transportation assistance needs and assigned a level [TAL]. TALs are intended for use by any healthcare professional familiar with transportation modalities. TALs can be useful for logistical planning and movement of transportation resources (e.g. buses, vans, ambulances) during evacuation of a healthcare facility or home-bound patient. TALs are subject to change over time, but their use facilitates the staging of estimated transportation resources.

Objectives:

TALs provide a scale that is recognized and used statewide during a **planned evacuation** for the rapid assessment of transportation assistance needs of patients or residents. The scale can be used for planning and just in time re-assessment of patient/resident transportation assistance needs. The scale is not a clinical triage scale, nor does it prescribe care mechanisms. The continuity of clinical care is an independent issue and should be addressed concurrently with transportation modality.

The potential for regional/local planning variations, while upholding the integrity of the core nomenclature, is recognized. This is particularly applicable to areas of the state that have diverse transportation issues such as rural environs as opposed to the more transportation rich suburban and metropolitan regions. Special circumstances will be considered and transportation complexity will be evaluated by individual healthcare facilities and/or regions.

Levels:

For the purposes of evacuation, patients/residents shall be categorized into one of three levels. The mobility level may influence the number of staff needed to transport the patient/resident, the type of movement device required, the loading area they are relocated to and the type of transportation asset required for evacuation. The following mobility levels shall be used:

Non-ambulatory [TAL-1]

Non-ambulatory patients/residents are those who require transport by stretcher. For emergency movement down stairs, they may be transferred to backboards, basket litters, or other appropriate devices, or rescue-dragged on their mattresses. **Note:** Rescue-drag is to be used as a last resort only. These patients/residents will be identified with a ‘gurney’ symbol when assessed for evacuation. These patients/residents are clinically unable to be moved in a seated position, and may require equipment ranging from oxygen to mechanical ventilators, cardiac monitors, or other biomedical devices to accompany them during movement. They may require clinical observation. These patients/residents may require one to two staff members (one clinical, one non-clinical) for movement, with additional staff as needed to manage life support equipment. Ambulance transport is required and in special circumstances (e.g. severe flooding) helicopter transport may be needed. These individuals must be accompanied by a clinical provider appropriate to their condition (e.g. EMT, paramedic, clinical staff member).



Wheelchair [TAL-2]

Wheelchair patients/residents are those who are unable to walk due to physical or medical condition. They are stable, without any likelihood of resulting harm or impairment from wheelchair transport or prolonged periods of sitting, and do not require attached medical equipment or medical gas other than oxygen or a maintenance intravenous infusion during their relocation or evacuation. These patients/residents will be identified with a wheelchair symbol when evaluated for evacuation. They can be safely managed by a single non-clinical staff member. They may be transported as a group in a wheelchair-appropriate vehicle (e.g. medical transport van or ambulette) with a single staff member or healthcare facility-designated person accompanying them.



Ambulatory [TAL-3]

Ambulatory patients/residents are those who are able to walk the distance at a reasonable pace from their in-patient location to the designated loading area without physical assistance, and without any likelihood of resulting harm or impairment. These patients/residents will be identified with a ‘walking figure’ when assessed for evacuation. Ambulatory patients/residents shall be escorted by staff members, but may be moved in groups led by a healthcare facility-designated person. The optimum staff-to-patient ratio is 1:5. They can be transported as a larger group in a passenger vehicle (e.g., bus, transport van, or private auto) with a healthcare facility-designated person accompanying them.

