Emergencies ‘R’ us: what’s the big deal?

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“Emergencies R Us”
- Governments establish/expand public health in response to perceived threats
  - cholera (Chicago and New York City)
  - smallpox (Oregon)
  - typhoid (Michigan and New York)
  - yellow fever (Philadelphia)
  - malaria (South Carolina)
  - salmonellosis (Milwaukee)
  - HIV infection (almost everywhere)

Public health isn’t see as equal to the fire department
- we can see fire fighters at work
  - public health often makes no public statements/doesn’t wear uniforms/work alone or in small groups
- we’ll understand down time between fires,
  - if they can contribute to other things in between, that’s good.

Every PH agency has experience with an emergency
- the sudden appearance of symptoms (of a recognizable or strange pattern)
- Examples:
  - Killer muffins (EDB)
  - Watermelons (organo-phosphate/agricultural exposure)
  - AIDS
  - Diarrhea at county fairs in NY
  - Deliberately contaminated OTC drugs
- What is it, where did it come from, what does it mean?

Any emergency has public health implications:
- Disrupted supply of safe food or water (earthquake, flood)
- Inability to dispose of waste safely (North Carolina and hog farms?)
- Health of emergency crews (food for wildfire crews)
- Disrupted access to care (blocked roads or cut power supply)

What has this age of terrorism changed
- Public health has had to learn to think ‘deliberate action’ instead of inadvertent circumstances:
  - Rajneeshpuram—trouble believing salmonellosis was deliberate rather than poor food handling
- The tools of public health are critical to understanding and controlling potential terrorist actions
  - epidemiology
  - legal power to isolate and quarantine
  - community organization and public communication
More $$ and more attention than the past 40 years
- Other agencies are now a part of the action
- People who never talked epidemiology are trying to do so
- Not just interviewing people about symptoms, but doing so with FBI or police involvement

There is a clash of cultures
- Do something!! No! Don’t just do something, wait for data!!
- Crime scene vs. vector/environment
- Command and control vs. collaboration
- The risks of losing balance

Essential public health services
- Not specific to any population or program area
- Developmental over time
- Apply in emergencies as well as calmer times

Public Health in an Emergency

Two Roles

Acute Response
- Respond to public health needs created by the emergency

Maintain Services
- Continue to provide essential public health services

Emergency response requires change
- Day to day operations
  - Deliberative/methodical
  - Consensus decision making
  - Decisions data driven and can often wait
- Emergency response
  - Time sensitive
  - Chain of command driven
  - Decisions made with available information

Phases of Emergency Management
- Preparedness
- Mitigation
- Response
- Recovery
Preparedness
- Effective Public Health Emergency
- Preparedness Requires:
  - Core system capacities
  - Competent workforce
  - Defined, executable and practiced emergency preparedness plan...
  - In place BEFORE the emergency occurs

Mitigation
- Making every effort to minimize the occurrence of an emergency
  - Prepared public
  - Alert agencies
  - Coordination across jurisdictions

Response
- Actions taken during the event to minimize impact and move quickly to recovery
  - Public health responds to many ‘little’ emergencies
    - Outbreaks
    - Single water system contaminations

Recovery
- Continuing to assist those directly affected
- Assuring that additional damage does not occur
- Implementing ‘lessons learned’ to benefit future actions

Large Scale Emergency Response
- Extraordinary Circumstances Require
  - Extraordinary Measures...
    - Strong, decisive leadership
    - Chain of command structure
    - Increased centralization of decision making
    - Functional roles that are more narrowly focused than day to day roles
Incident Command System

- History: Developed during 1970-80's in So. CA in response to wildfires
- A management model for command, control and coordination of an organization's emergency response activities
- A defined management structure, with:
  - clear reporting channels
  - common nomenclature
  - defined responsibilities

ICS Organization Tree

From boxes to people...

- Any well crafted plan requires talented, knowledgeable people who are available and able to execute the plan.

Competency combinations

Guide to competencies

- Overview of key competencies for public health workers
- Basis for role development
- Skeleton for training

Levels of competence

- Aware
  - describe, define
- Able to perform
  - demonstrate, combine
- Proficient
  - analyze, evaluate
  - teach others

What do I do????
- Describe your functional role(s) in emergency response and demonstrate your role(s) in regular drills.
- Your role may be
  - the same as what you do every day
  - a limited portion of what you do everyday
  - a different role than you usually play

Job Action Sheets
- Describe the specific functional role of the employee during emergency response.
- Define:
  - primary purpose of role during emergency response
  - what actions need to be taken
- Needed as different people may need to fill each role over duration of event, or for different events.

Job action sheets
- One for each anticipated functional role
- Must include
  - Mission of the role
  - Chain of command
  - Expected duties
    - Beginning of shift
    - Ongoing
    - Transition to new shift

Communicable disease staff
- Preparedness
  - generate plans to conduct risk assessments
- Response
  - activate enhanced surveillance
- Recovery
  - define algorithms that trigger further investigation

JAS: Epidemiology investigation site coordinator
- Reports to: Epidemiologist
- Mission: Coordinate collection of data, collate, and report data coming from field, direct investigative staff
- Immediate:
  - Read the entire Job Action Sheet
  - Obtain briefing from Epidemiologist
  - Direct staff for field assignments and what/how to collect
  - Review staff PPE needs if relevant
- Intermediate:
- Extended:
  - Monitor staff for signs of fatigue and stress
  - Prepare end of shift report for Epidemiologist and incoming Coordinator
  - Plan for the possibility of extended deployment

Clinical staff
- Preparedness
  - Specify safety measures that should be taken, including PPE
- Response
  - Apply appropriate techniques for preserving possible evidence at an incident site or medical facility
- Recovery
  - Recognize/treat psychological impact
JAS: Triage nurse
- Reports to: Mass Care Operations Coordinator
- Mission: Assess individuals presenting for care and direct them to the appropriate level of care or care site.
- Immediate
  - Read entire Job Action Sheet and obtain briefing from Operations
  - Check equipment and supply expiration dates if appropriate
  - Conduct triage - emergent, urgent and non-urgent care
  - Refer to the appropriate level of care, providing first aid as needed
- Intermediate
  - Maintain patient assessment log
  - Prepare patient for transport to appropriate level of care
- Extended
  - Prepare end of shift report for Coordinator and incoming Triage Nurse

Environmental Health Staff
- Preparedness
  - Maintain written plans for 24/7 availability of specific staff and specialists required
- Response
  - Use established communication systems for coordination among the response community during event.
- Recovery
  - Apply appropriate science-based public health measures to ensure continued population protection appropriate to the threat involved.

JAS: Field environmental specimen collector
- Reports to: Environmental Director - Field Coordinator, Operations Command Center
- Mission: Gather environmental samples.
- Immediate:
  - Read entire Job Action Sheet
  - Obtain briefing from supervisor
  - Communicate/verify contact information
  - Obtain necessary supplies and equipment (bottles, coolers, etc.)
- Intermediate:
  - Collect, label, and submit samples according to SOP
  - Maintain chain of custody
  - Sign out/ Debrief
- Extended:
  - Plan for the possibility of extended deployment

General principles of working under stress
- Clarity of purpose / mission
- Clarity of communications
- Use of chain of command
- Awareness of personal response to stress
- Attention to safety and response to stress

Clarity of Purpose / Mission
- What is expected of your section or unit?
  - Generally
  - Under the specific IAP or SAP?
- What are the specific actions required to fill this mission?
- What is the chain of command?
  - Title, not name!
  - Contact methods

Clarity of Communications
- Short, declarative sentences
- Write whenever possible
- NO jargon
- Use the ‘message of the day’
- Use JAS
- Don’t just give problems, give actions
Use of chain of command
- Critical to avoid duplication, gaps and confusion
- Know the chart and use it
- Use it in both directions!!

Awareness of personal response to stress
- Your stress will be communicated to those around you
- Breathe and move around!
- Think about what you take in
  - Caffeine?
  - Rumors?
- Ask for relief—it’s not wimpy!

Attention to safety and response to stress
- If we become victims, we can’t help
- Verify safety equipment in advance for any deployed staff
- Have at least water on hand
- If there are any questions, request safety officer assistance
- Think through shift length and assignments carefully

Family Disaster Plan Materials

Personal emergency plan
- Unless you already work a random schedule and have full-time backup, such a plan can be critical
- Key items include
  - Child care
  - Elder care
  - Pet care
  - Transportation

Public health workers and leaders are in general
- happy to have been discovered
- pleased that checks are in the mail
- concerned that their long-term function on behalf of the whole community not be lost as they gear up for a true partnership with all of those concerned about protection from or response to terrorism.