

# Role of Leadership in Planning and Response

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# Emergency Preparedness for CPS Leaders

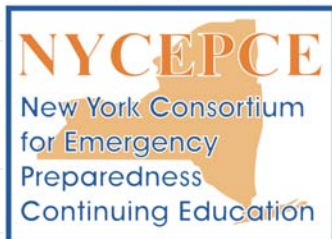
- *Need practical materials.*
- *“What do I need to be doing in my clinic or office?”*

# Overview

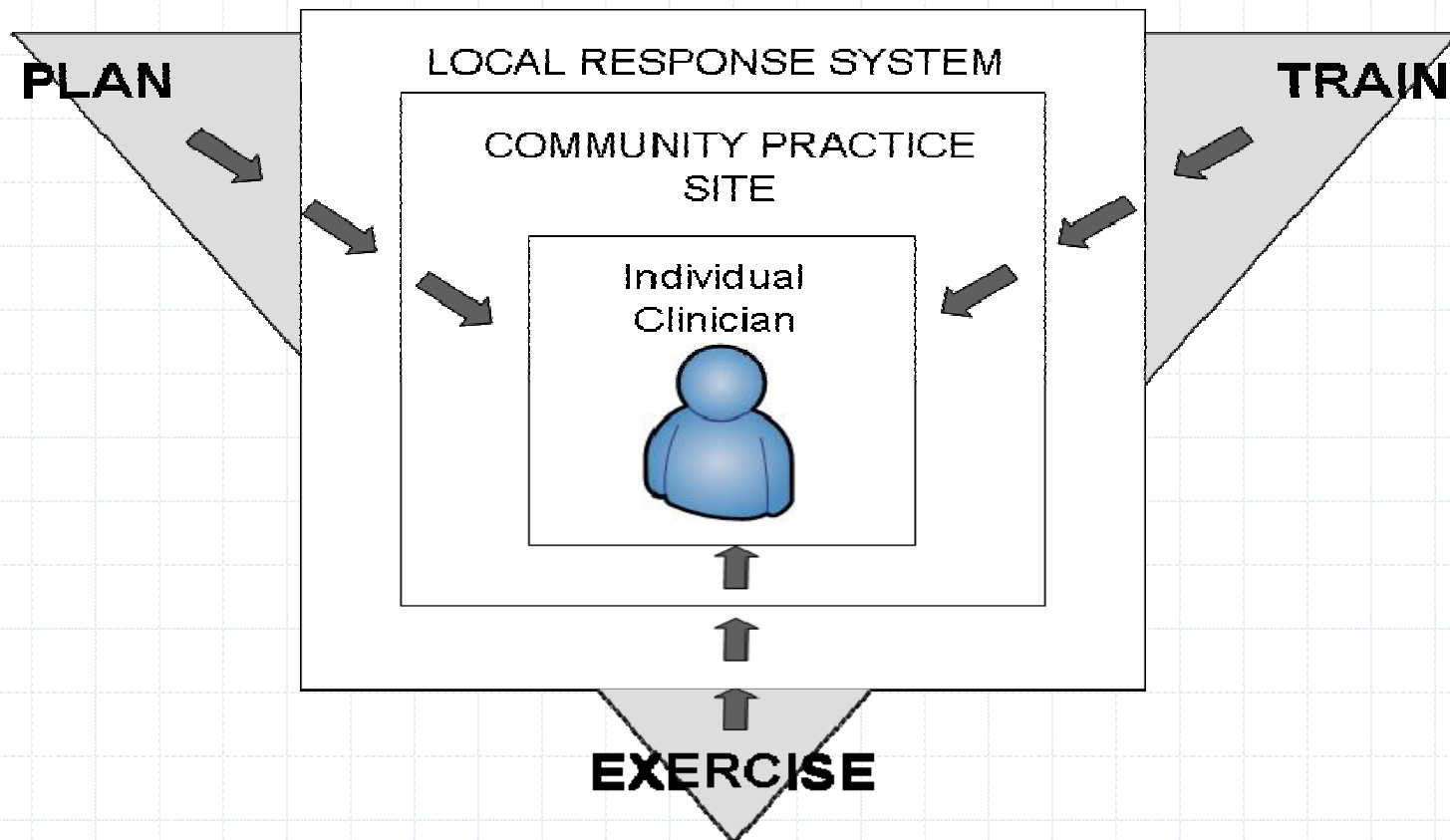
- Background: National Training Strategy
- Introductory EP Training for CPS Leaders
- Next Steps: Evaluating Where You Are, Where You Need to Be

# National Training Strategy

Kristine M. Gebbie, DrPH, RN  
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# National Strategy Model



# Clinicians Respond to Symptoms

- All clinicians are trained to:
  - Recognize symptoms.
  - Diagnose specific problems.
  - Initiate treatment.
  - Monitor patient progress.

# Symptoms are Easy

- Declarative knowledge: simple to research, present, and test.
- Self study or development of training for groups can occur in isolation; little need for challenging group work.
- Studied independently.
- Often have a right answer.

# But How Many Can You Know?



## Bioterrorism Agents/Diseases

A to Z | [By category](#)

On this page:

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

### A

- > [Anthrax](#) (*Bacillus anthracis*)
- > [Arenaviruses](#)

### B

- > [Bacillus anthracis](#) (anthracis)
- > [Botulism](#) (*Clostridium botulinum*)
- > [Brucella species](#) (brucella)
- > [Brucellosis](#) (*Brucella species*)
- > *Burkholderia mallei* (glanders)
- > *Burkholderia pseudomallei* (melioidosis)

## Chemical Agents

A to Z | [By category](#)

On this page:

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### A

- > [Abrin](#)
- > [Acids \(caustics\)](#)
- > [Adamsite](#) (DM)
- > [Ammonia](#)
- > [Arsenic](#)
- > [Arsine](#) (SA)

### B

- > [Barium](#)
- > [Benzene](#)



# Systems are Complicated

- Involve many roles, disciplines, personalities, policies.
- Right answers are rare.
- Goals and outcomes difficult to specify.
- Conflicts frequent.

## ...But Individual Roles May Not Be

- Even within complicated systems there can be clear guidance for individuals, or groups of individuals.
- Some systems have wide-spread applicability, which means roles once learned can be used over and over again.

# Why Is the System So Important?

- Provides basic order.
- Helps ensure worker safety.
- Allows leadership to maintain oversight of resource usage.
- Connects individuals to all others in system, connecting people with resources and knowledge.

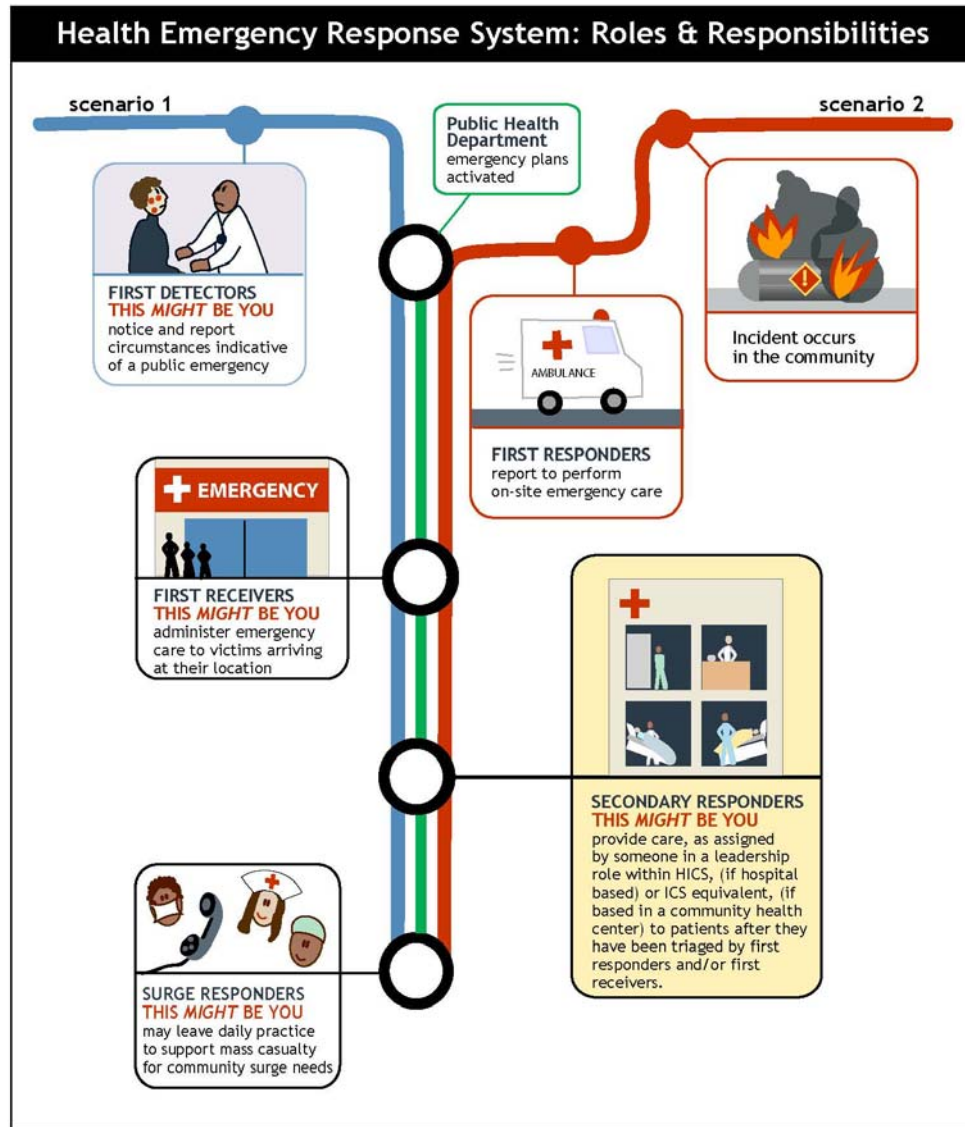
# Risks of Overbalancing to Symptoms Training

- Low chance of use.
- Low probability target.
- Temptation to exceed knowledge or role responsibilities.

# Systems Training

- Emergency systems training has wide applicability
  - All types of emergencies
  - Large or small events
  - Meets several regulatory requirements

## Health Emergency Response System: Roles & Responsibilities



Created for the Columbia University - Bioterrorism Training and Continuing Education Project (2007)

# The Training

## *For leaders and managers\**

- **DESCRIBE** the mission of the practice site during emergencies of all kinds, including the disaster response chain of command and emergency management system.
- **DEMONSTRATE** the ability to write and revise as needed a site emergency response plan consistent with the local hazard vulnerability analysis.
- **IMPLEMENT** the emergency response plan during drills or actual emergencies within chain of command.
- **DESCRIBE** the collaborative relationship of your site to hospitals or other local agencies and **FOLLOW** the planned system during drills and emergencies.
- **INITIATE** and **MAINTAIN** communication with other agencies as appropriate to your site's plan.
- **DESCRIBE** your responsibilities for communicating with employees, patients & families, media, the general public or your own family, and **DEMONSTRATE** them during training, drills or actual emergencies.
- **DEMONSTRATE** use of any equipment (such as personal protective equipment or special communication equipment) required by your emergency response role.
- **EVALUATE** the effectiveness of the response in drills or actual emergencies, and **IDENTIFY** improvements needed.

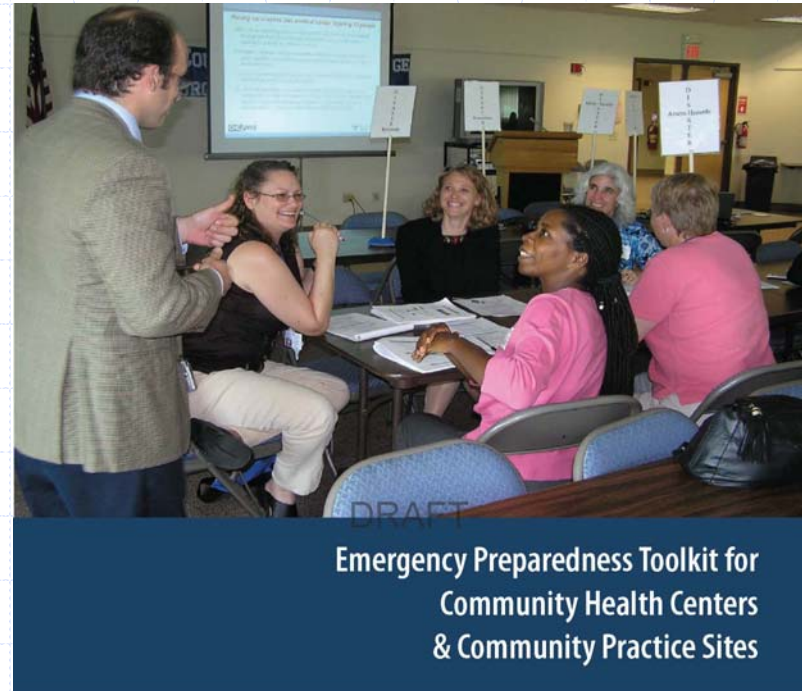
*\*Adapted from: EP Response for Hospital Leaders*  
[www.nycepce.org](http://www.nycepce.org)



# Emergency Preparedness Toolkit for Community Health Centers

Intended to help Center Leadership:

- Assess vulnerability.
- Create an emergency plan.
- Train & drill staff.
- Connect with affiliate hospital or local health department.



CENTER FOR  
HEALTH POLICY  
COLUMBIA UNIVERSITY  
SCHOOL OF NURSING

A How-To Guide for:  
Connecting with the Local Health Department or Hospital  
Creating an Emergency Response Plan  
Training Your Staff  
Exercising with Local Partners

July 2007



# The Training *For clinicians*

## ARE YOU A CLINICIAN WHO SEES AND TRIAGES PATIENTS? DO YOU COMMUNICATE WITH PATIENTS?

Then you are in the position to recognize initial cases and manage the initial care and referral of patients in an emergency event.

Whether you practice in an emergency department, hospital clinic, urgent care center, medical office, patient telephone triage line, or elsewhere, you may become part of your community's emergency response system. These clinical competencies describe the abilities that you should possess to recognize new problems, effectively communicate with patients and report to administrators, and obtain needed guidance during emergency response situations. While the competencies are generic to clinical practice, they are always defined or limited by the legal scope of practice of the specific professional discipline.

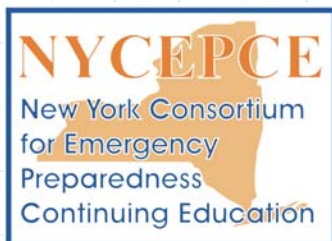


### A CLINICIAN IN AN INITIAL ASSESSMENT AND DECISION-MAKING ROLE SHOULD BE ABLE TO:

- 1 Describe your expected role in emergency response in the specific practice setting as a part of the institution or community response.
- 2 Respond to an emergency event within the incident or emergency management system of the practice, institution and community.
- 3 Recognize an illness or injury as potentially resulting from exposure to a biologic, chemical or radiologic agent possibly associated with a terrorist event.
  - a Recognize uncommon presentations of common diseases and distinguish these from common presentations of uncommon diseases that may be related to a terrorist event or emerging infectious disease.
  - b Recognize emerging patterns or clusters of unusual presentations.
- 4 Institute appropriate steps to limit spread, including infection control measures, decontamination techniques and use of appropriate personal protective equipment.
- 5 Report identified cases or events to the public health system to facilitate surveillance and investigation using the established institutional or local communication protocol.
- 6 Initiate patient care within your professional scope of practice and arrange for prompt referral appropriate to the identified condition(s).
- 7 Use reliable information sources (e.g., infection control department, state or local public health agency, Centers for Disease Control and Prevention) for current referral and management guidelines.
- 8 Provide reliable information to others (e.g., institutional administration, other patients) as relevant to the specific practice site and emergency response protocol.
- 9 Communicate risks and actions taken clearly and accurately to patients and concerned others.
- 10 Identify and manage the expected stress/anxiety associated with emergency events, making referrals for mental health services if needed.
- 11 Participate in post-event feedback and assessment of response with the local public health system and take needed steps to improve future response.

# Introductory EP Training for CPS Leaders

Kevin O'Hara, MS, EMT-P  
Deputy Chief Instructor  
Vocational Education Extension Board  
(VEEB)



# Learning Objectives

- Describe the potential role of the Community Practice Site (CPS) in emergency response.
- Describe the responsibility of a CPS leader in emergency planning and response.
- Create next steps using the Emergency Preparedness Toolkit and resources to develop a plan and prepare staff.

# What is an Emergency?



**Occurrence of a natural catastrophe, technological accident or human caused event resulting in severe property damage, multiple injury and death.**



# What We Know about Emergencies and Disasters

**Can occur at any time and be  
of any size.**

*“Those who do not learn from history are  
doomed to repeat it.”*

-George Santayana, philosopher

# Who Should Be Prepared?

- Government
  - Federal, State and Local officials and staff
- Health Care Organizations
  - Hospitals
  - Community health care centers and practice sites
  - Faith based groups
  - Non-governmental organizations
  - Essential Infrastructure (Power, Telecom)



**WHO SHOULD BE PREPARED?**

**EVERYONE**

**Including You!!!!**

# Questions for Leaders

- For which emergencies should we prepare?
- What role will we undertake during a disaster or emergency?
- Will we be able to operate?
- What steps can we take to ensure that we will be ready?
- How do we prepare a plan, and how will we know if it will work?

*Your health center is an integral part of the local community!*



# How Can We Prepare?

- Prepare a "Go Bag".
- Understand and practice NIMS/ICS.
- Review Emergency Preparedness Toolkit; develop an Emergency Response Plan; train, practice, revise, train....
- Decide what role your CPS will take during an emergency.

# Go Bag: Suggested Items

- Emergency Communication Plan
- Bottled Water
- Non-Perishable Food (granola bar, energy bar)
- Battery Operated Flashlight/Radio
- Medication List & Extra Meds
- ID (driver's license, passport)
- Important Papers (copies of insurance policies, banking information)
- Small Amount of Cash
- Toiletries, Hand Sanitizer
- First-aid Kit, Tissues
- Whistle
- Regional Map



# National Incident Management System (NIMS)

- A consistent, all-hazards approach to incident management.
- Enables various jurisdictions and agencies to work together to prepare for, prevent, respond to, and recover from incidents.
- Homeland Security Presidential Directive 8 (HSPD 8) defines “clinical care” personnel as first responders.

# 5 Components of NIMS

1. Incident Command System  
Standardized incident management organization
2. Preparedness  
Mitigation, planning, response, recovery
3. Resource Management  
Personnel, equipment and supplies
4. Communications  
Interoperability
5. Joint Information System  
Timely, accurate and unified public messages

# Is Your CPS Using NIMS and ICS?

- CPSs are very well-prepared to follow Incident Command System (ICS).
- Present, daily organizational structures are very similar to NIMS-ICS principles.
  - Slight variation of some titles for the NIMS-ICS positions.
  - Use of “plain language” (no jargon).
  - Clearly defined job descriptions for all positions.

# Why Do CPSs Need NIMS/ICS?

**Problem:** confusion about who is in charge of what and when, together with unclear lines of authority, have been the greatest contributors to poor response.

**Solution:** ICS allows personnel from a variety of agencies, jurisdictions or job functions to quickly meld rapidly into a common management structure.

# Basic ICS Positions

## Command Staff

- Incident Commander (always required and only one incident commander per incident).
- Safety Officer
- Public Information Officer
- Liaison Officer
- Technical Specialist

**Positions are filled only as required!  
One person might fill multiple roles!**

# Other Basic ICS Positions

## **Logistics Section**

- Getters

## **Finance Section**

- Payers

## **Planning Section**

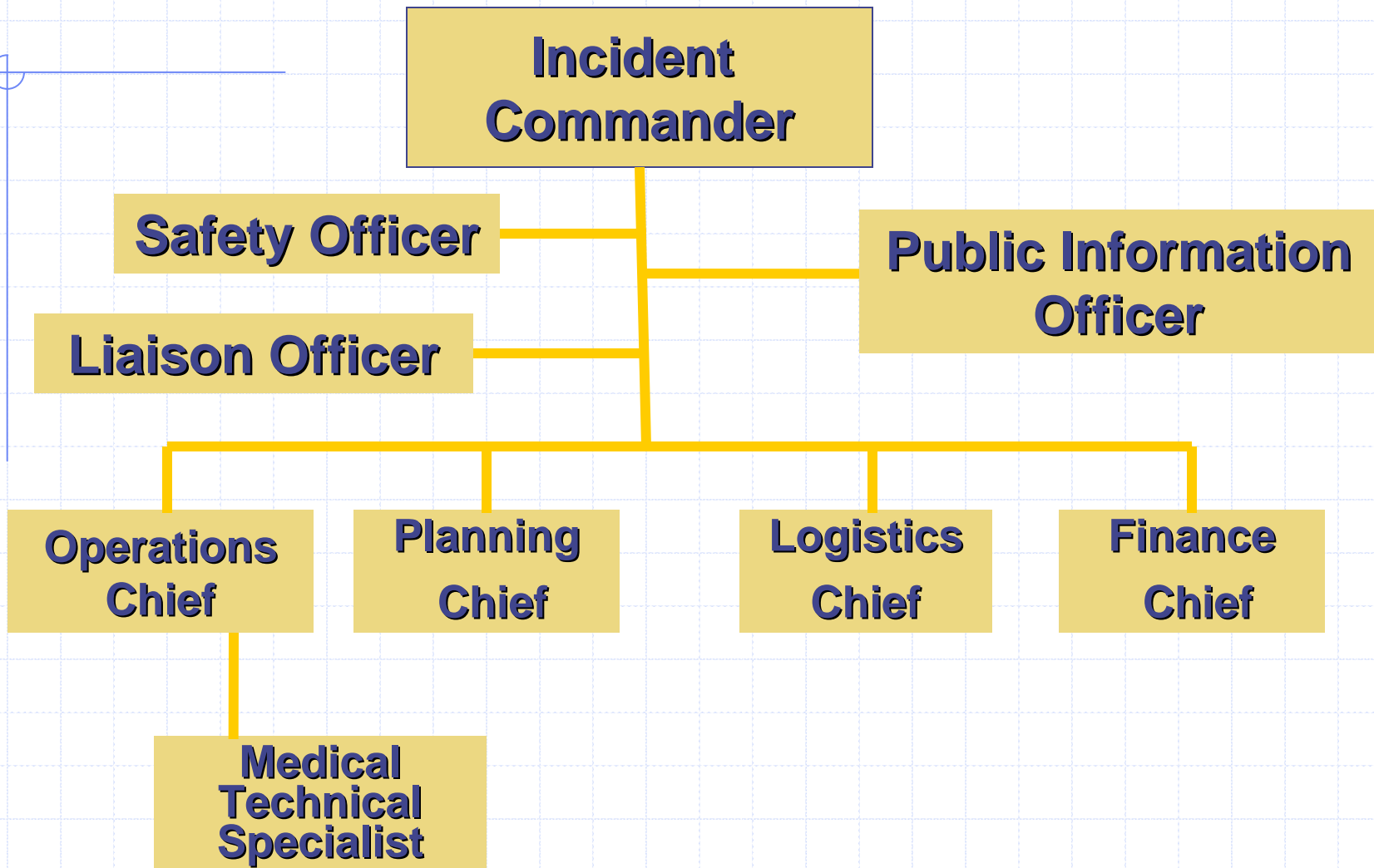
- Thinkers

## **Operations**

- Doers



# Sample ICS Chart



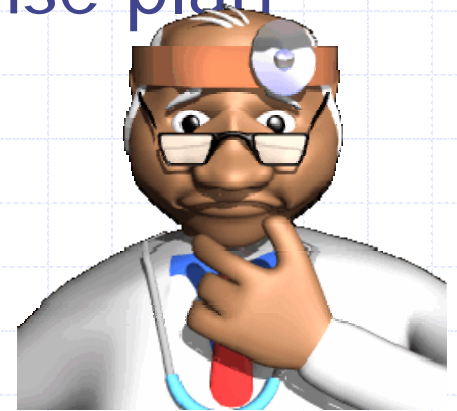
# Emergency Preparedness Toolkit

- A clear guide on how to:
  - Create an Emergency Response Plan
  - Train staff
  - Conduct & evaluate exercises
- Templates to guide CPSs in plan formulation.

# How Else Can CPSs Prepare?

## 4 Step Preparation Program

1. Review local hazard assessment
2. Review existing local Health Department, Hospital, surrounding CPS emergency management plans
3. Assess your resources and capacity
4. Develop your emergency response plan
  - a. Inform and train staff
  - b. Conduct drill and exercises
  - c. Evaluate your response
  - d. Review and revise



# Purpose of an Emergency Response Plan

Your plan must take into account an *ALL HAZARDS* approach:

- Safety & wellbeing of ALL Personnel
- Resource availability (within and outside)
- Pre-planned job position description responsibilities
- Decontamination or any other specialized requirement
- Communications / interoperability (within and outside)

# "All Hazards" Approach

Provides for:

- Effective coordination of activities among the organizations that have a management/response role.
- An early warning & clear instructions to all concerned if a crisis occurs.
- Continued assessment of actual and potential consequences of the crisis.
- Continuity of business operations during and immediately after the crisis.

# Step One: Risk & Hazard Vulnerability

## What do we need to plan for?

- **A hazard** is anything that has the potential to do harm to property, the environment and/or people.
  - Natural, human made, accidental, intentional, internal, external, controllable, uncontrollable , predicable, unpredictable.
- **A risk** is the probability of that hazard potential actually occurring. You need to be aware of and consider both as you develop your plan.

# Risk & Hazard Vulnerability

- **A Risk and Hazard Vulnerability Analysis** is an analysis of the risk of a hazard occurring in relation to its impact on the center and the community.

# Risk & Hazard Vulnerability

- Probability
  - Frequency of the event.
- Overall Impact on Center
  - Physical damage, staff and supply shortages, business interruption.
- Overall impact on Community
  - Impact on the wider community (federal, state, county, local).
- Duration of Event
  - How long will your facility need to operate in emergency mode?

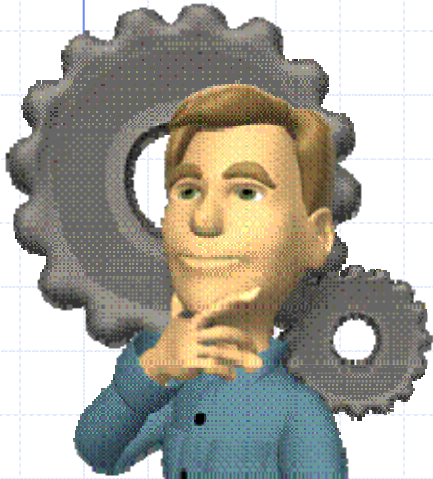


# Workbook Exercise 1

Use your Emergency Preparedness Toolkit

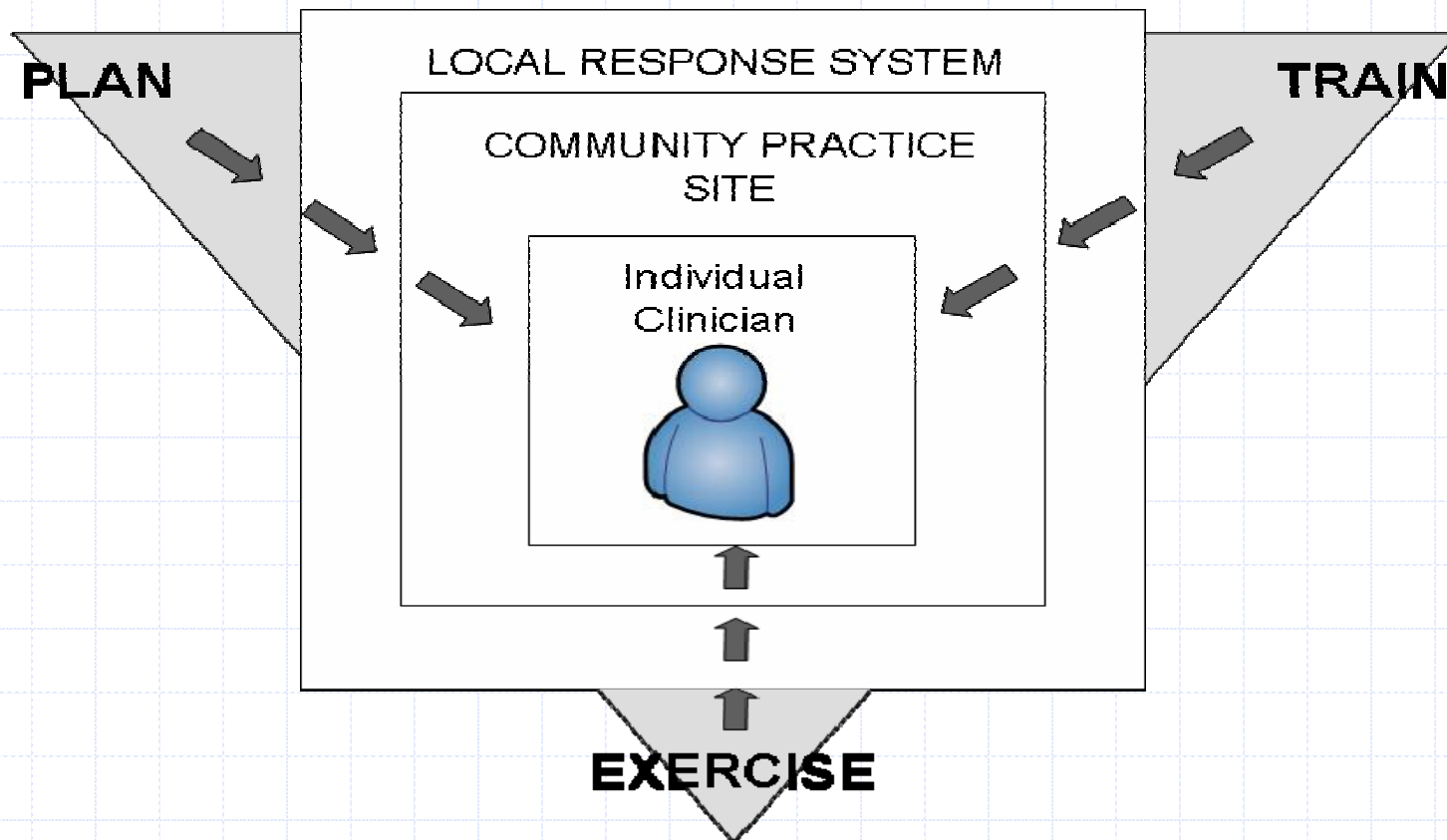
Let's assess a typical Brooklyn, NY CPS

Assess for:



- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Flood</li><li>• Tornado</li><li>• Blackout</li><li>• Fire</li></ul> | <ul style="list-style-type: none"><li>• Loss of Water</li><li>• Earthquake</li><li>• Structural Collapse</li><li>• Communicable disease outbreak</li></ul> |
|---|--|

# National Strategy Model



## Step Two:

# CPS Coordination with Local Partners

Establish a working partnership with local stakeholders (DOH, Office of Emergency Management (OEM), Hospitals, other CPSs, etc.)

- Preparation, Planning, Exercises, Drills & Performance Evaluations in conjunction with all other emergency partners.
- Start small and build upon your successes.
- Do not allow established relationships to diminish.

# What Role Will Our CPS Undertake during An Emergency?

1. Assist hospitals and triage centers with patient surge.
2. Perform as point of distribution (POD) for community prophylaxis.
3. Maintain existing patient services for your CPS population or those triaged to you.
4. Provide health and safety information for your consumers.

# Example: DOH

- ◆ Is your CPS partnering with the local DOH?
  - You may be connected through a hospital or other organization.
  
- ◆ How does your CPS fit into the local DOH's Emergency Management Plan?
  - Emergencies in other parts of your community can still have a profound effect on your CPS.
  
- ◆ Does your DOH know the capabilities of your CPS?
  - If not, tell them!

# Step Three: What Resources Does Your CPS Have?

- Existing plans and policies
  - Do I have what is needed?
  - Are they outdated and “dusty” ?
- Personnel
  - “Kind and Type”, skills sets, FT/PT
- Equipment
  - PPE, communication, fire, generator
- Infrastructure
  - Available backup systems



## Step Four: Develop Emergency Response Plan

- Blueprint for your CPS's response to an emergency.
- Will reduce the adverse impact on your CPS's essential operations.

# Consider Business Continuity

- Ensures that your CPS will be able function during an emergency, with or without outside help.
- It is important that your center remain open whether or not you are needed as part of the emergency response.
- Emergency plans may include:
  - Supply procurement
  - Staffing
  - Auxiliary power
  - Special equipment (e.g. PPE)
- It is not possible for you to serve your patients if your CPS falls victim and cannot remain open.



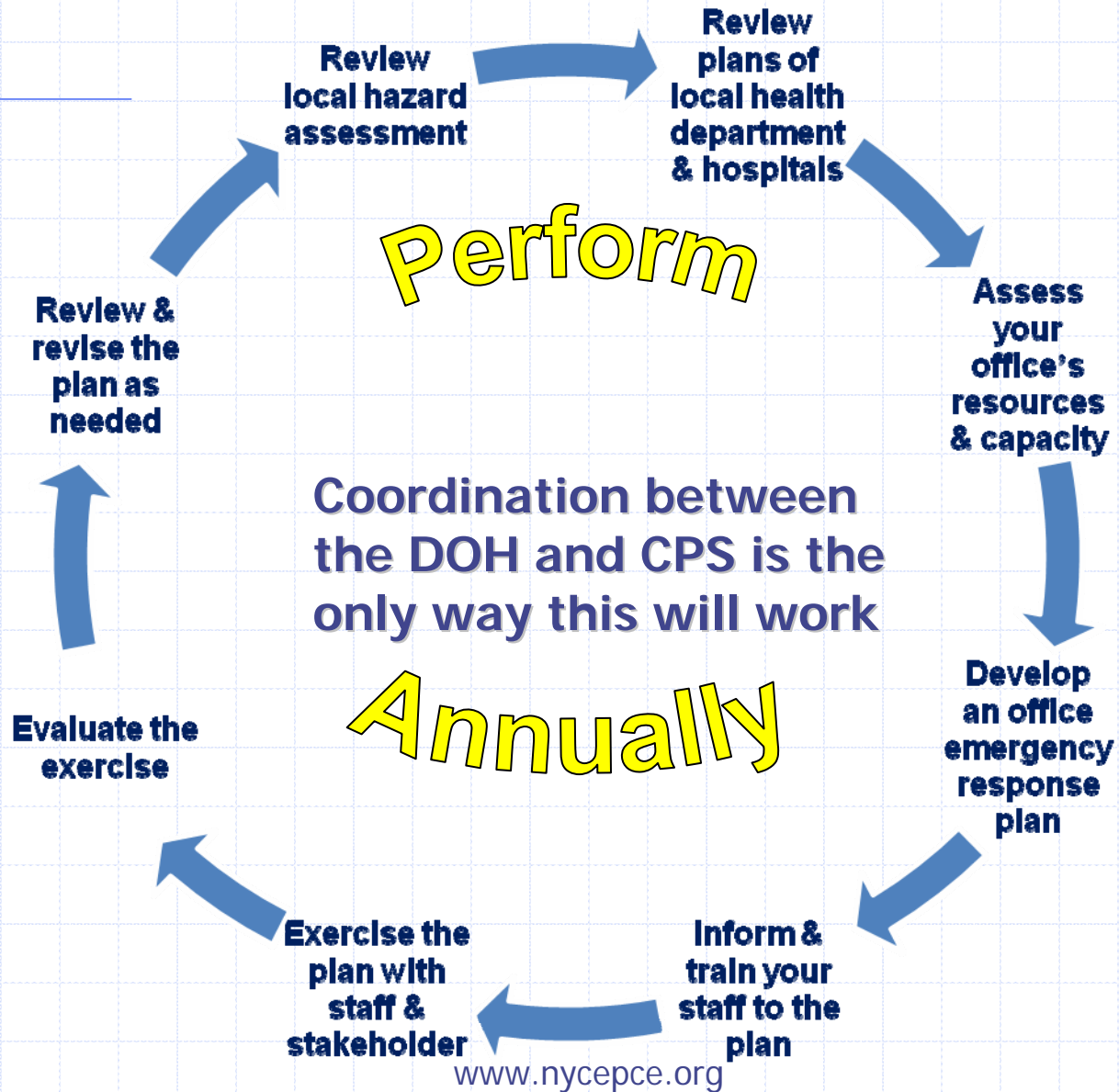
# Components of the Plan

- Communication/Mobilization
  - Staff Notification & tracking
  - Patient Notification & tracking
- Life Safety
  - Protection of staff, patients & resources
  - Emergency evacuation procedures
    - Accountability
  - Establish infection control procedures

# Components of the Plan

- Operations
  - Putting the plan's components into action
- Demobilization
  - Staff / Patient notification and follow-up
  - Restock and clean-up
  - Reimbursement strategies
- After Action Review
  - Who, Where, When
  - Strengths / Weaknesses
  - Proposed corrective actions

# The Emergency Planning Cycle



# Staff Training

All staff must be oriented and educated about the emergency response plan:

- Personal and family preparedness
- Likely emergency role and responsibility
- Notification and communication
- Emergency evacuation procedures

# Types of Training

- “Just-In-Time”
  - Job Action Sheets (JAS)
  - Incident specific medical treatment information
- Formalized Training
  - Incident Command System/NIMS
  - Core Disaster Life Support (CDLS)
  - Patient Decontamination / Bloodborne Pathogens

# Job Action Sheets (JAS)

- A tool for defining and performing a specific emergency response functional role.
- JAS tasks can be amended (add, delete tasks) to fit the situation.
- Each employee needs to be familiar with her/his likely functional role in an emergency.

# Sample CPS JAS Positions

- **Center incident manager**  
Overall leadership at the site
- ◆ **Liaison officer**  
Coordination with local DOH, hospitals,  
community leaders, emergency services
- ◆ **Lead appointment scheduler**  
Manage all needed changes to  
appointments

# Workbook Exercise 2

## Scenario:

On Friday, Oct. 21, you have been advised by the power company that on Monday, Oct. 24, 2007, due to a major renovation project, all power and water will be shut down from 8 am to 4 pm.

While Mondays are busy, Tuesday is usually your busiest day!!

**What are some actions you might consider taking to mitigate the consequences?**



# What Would You Do?

1. Take a 3 day weekend and worry about it on Tuesday
2. Decide to remain open
3. Develop an emergency plan
4. Use the Incident Command Structure
5. Educate the staff- what can they expect?

# Types of Exercises

- **Orientation / Seminars / Lectures**

Basic familiarization, focus on single function with clear roles and responsibilities.

- **Tabletop Exercise**

Low stress, emphasis on training not testing, constructive problem-solving.

- **Drills**

Instruct through repetition, orientation previously provided, staff familiar with agency's policy.

# Types of Exercises

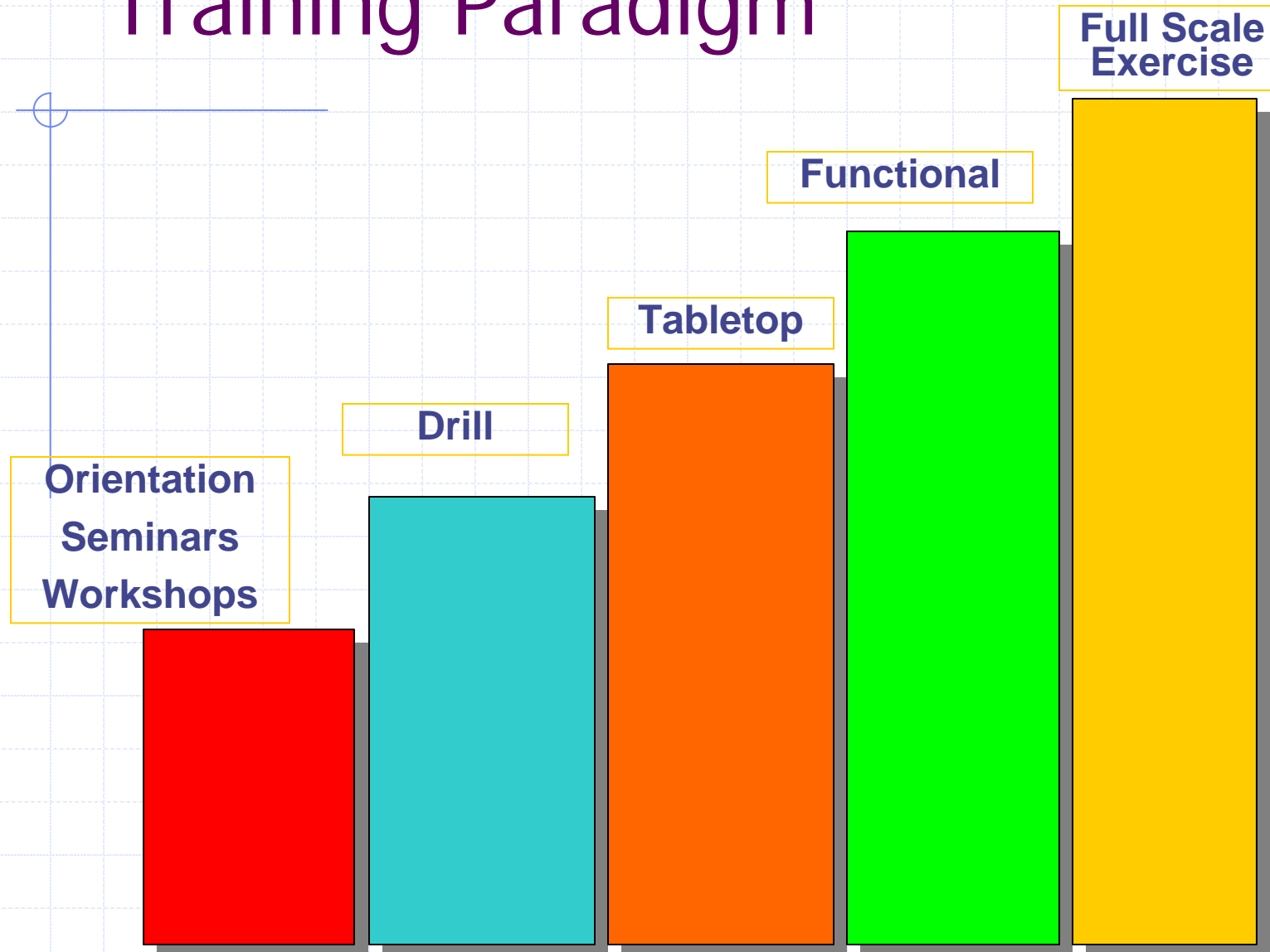
- **Functional Exercise**

Test and evaluate certain capabilities of your emergency response system.

- **Full Scale**

Test and evaluate major portion of your emergency response plan over an extended period, usually involves more than one agency, actual performance in real time.

# Training Paradigm



# CPS Emergency Plan Exercises

- JCAHO has standards for two annual exercises.
- Personnel should actively participate in CPS's drills & exercises.
- Performance Capability Indicators are best measured through exercise.
- Failure of something to work is not necessarily bad.
  - Good way to update the plan.
  - Exposes issues that can be changed before the real thing.

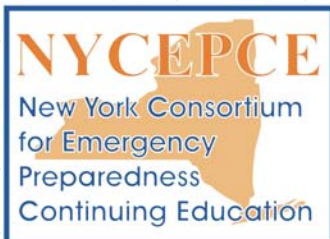
# Summary

## WE ALL NEED.....

- to be prepared, and the time is now!
- to learn what to prepare for and how to prepare.
- to learn and practice the plan.
- to prepare ourselves and our businesses.

# Next Steps: Evaluating Where You Are, Where You Need to Be

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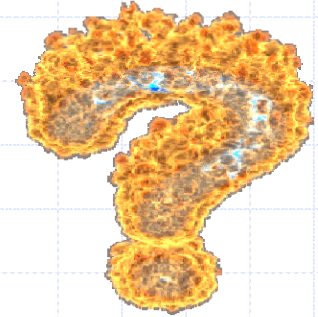
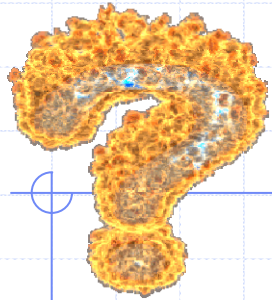
# Evaluating Where You Are, Where You Need to Be

- Prepare a "Go Bag."
- Have Emergency Response Plan.
  - Train all staff
  - Practice/exercise
  - Evaluate (After Action Report)
  - Revise
  - Train all staff...
- Practice use of NIMS/ICS daily.



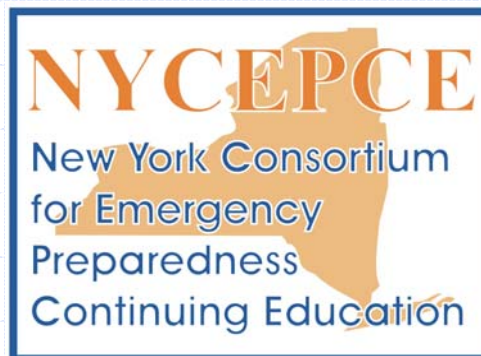
# Evaluating Where You Are, Where You Need to Be

- Review local hazard assessment.
- Partner with LHDs, hospitals, OEMs.
- Review their emergency plans.
- Assess your resources.
- Decide what role your CPS will take during an emergency.
  - Train all staff (use JAS)
  - Practice/exercise
  - Evaluate (After Action Report)
  - Revise
  - Train all staff...



# Thank You!

Check out our online courses at  
[www.nycepce.org](http://www.nycepce.org)



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