

DCEHC Disaster Behavioral Health Planning Template

I. Purpose

Provide planning guidance to a Healthcare Facility (HCF) to prepare for and respond to the behavioral health needs of patients, staff and their families impacted by a disaster or other emergent situation.

II. Assumptions

- A. There will be behavioral related issues associated with every type of disaster.
- B. The DC Department of Mental Health Services (DCMHS) is the lead city government agency for coordinating and providing behavioral health support.
- C. Behavioral health issues may occur in a disproportionate fashion to the size and scope of the event.
- D. Each HCF will have a plan to address expected behavioral health issues that will include using their own trained personnel and when needed, external qualified personnel.
- E. The request for external assistance shall be made to the Duty Officer/HCRT and or HEPR/HECC by phone or HIS message.

III. Concept of Operations

- A. Activation, Alert and Mobilization
 - 1. The facility incident management team (IMT) shall be responsible for determining when the plan shall be activated.
Criteria for activation might include but is not limited to:
 - a. Mass casualty incident
 - b. Incident with significant numbers of deaths
 - c. Incident involving injury and /or death of staff member(s)
 - d. Threat to the facility and or staff
 - e. Suggestion from DOH or DC Department of Mental Health Services.
 - f. Any other situation deemed appropriate by the Incident Commander.
 - 2. Alert
Plan activation shall be announced using available technology per the facility communication plan (outline the technology as PA system, pager, intranet, etc.)
 - 3. Mobilization
 - a. The Behavioral Health Unit Leader shall report to _____ (list where) and receive their situation briefing from the _____ (list who).
 - i. They should don their vest and review their Job Action Sheet.

- ii. This individual shall then assess the need for behavioral health assistance and determine where assistance should be sent.
 - b. Once plan activation is announced, those leaders in charge of departments assigned a specific task(s) in the plan should be briefed by the Behavioral Health Unit Leader.
 - This briefing will be done by _____ (list options: in person/phone etc.)
 - c. Those departments that may be given an assignment include: (list those that apply)
 - i. Psychiatry Department
 - ii. Psychology Department
 - iii. Spiritual/Pastoral Care
 - iv. Social Services
 - v. Other _____
 - d. Mobilization of needed personnel shall take into account the likelihood that assistance will be required for an extended period of time and use of personnel over multiple operational periods.
- B. Resource Utilization
 1. Available behavioral health specialists should report to _____ (fill in where) to receive their work assignments.
 2. Before leaving for their assignment they should pick up any needed equipment or supplies. These may include (list them here):
 - a. Paper/ writing tool
 - b. Vest
 - c. Job Action Sheet (JAS)
 - d. PsySTART Tool
 3. Behavioral health specialists should be deployed where they likely will be needed most. Those areas include but may not be limited to (list pertinent locations for the facility):
 - a. Emergency Department
 - b. ICU/CCU
 - c. Family Assistance Center
 - d. Hospital/SNF Units
 4. Each assigned behavioral supported area shall periodically update the Behavioral Health Unit Leader on their operation and problems being encountered and /or needed resources.
 - Additional resources shall be assigned by the Behavioral Unit Leader where needed and when available.
- C. Updating the Incident Management Team

The Behavioral Health Unit Leader will provide periodic updates to the Incident Management Team.

 1. These updates will be made in person, by phone/radio or email.
 2. Information reports will normally include:
 - a. Clinical care concerns

- b. Staff issues
 - c. Resource needs
 - d. Management recommendations
 - e. Other operational matters of concern
3. Resource requests will be referred to Logistics.
They will seek assistance per the facility resource management plan.
- D. Integration with District of Columbia Department of Mental Health Services (DCDMHS).
- 1. The department should be kept current on any facility related major behavioral health operational concerns.
 - The notification can be made by calling Kevin O'Brien at (202) 236-2464.
 - 2. DCDMHS will provide supplemental assistance when requested and their resources allow.
 - a. Requests should be made via the HIS.
 - b. Requested needs should be clear, concise and specific.
 - c. Where dispatched DCDMHS personnel shall report should be indicated in the request.
 - 3. Reporting DCDMHS personnel will be identified by wearing a DC Government issued photo ID and DMH Crisis Response Team Vest.
 - a. This ID shall be worn on their person at all times.
 - b. The facility will issue their own temporary ID that will also be worn. (Include this statement if this will be required).
 - 4. Upon their arrival they shall be:
 - a. Briefed by the host organization on the situation and how they may assist.
 - b. Given a suitable orientation tour of the facility to include their assignment area(s), staff lounge and cafeteria, and
 - c. Provided with needed support items.
 - 5. Documentation of clinical activities provided by DMH Disaster Emergency Response Team members will be done by DMH Responders and staff.
- E. Surge Needs
- 1. Depending on the situation, the HCF may find itself with a surge need to provide behavioral health services for any or all of the following:
 - a. In-patient services
 - b. Out-patient services
 - c. Patient family
 - d. Staff
 - 2. The Behavioral Health Unit will work with the following to assess these surge needs and provide needed assistance:
 - a. In-patient – Operations Section – In Patient Unit Leader/designee
 - b. Out-patient – Operations Section – Out-Patient Service Unit Leader
 - c. Patient Family – Operations Section – Patient Family Assistance Branch

- d. Staff – Logistics- Employee Patient Assistance Unit
- 3. Internal resources will be used as available to meet these needs; external resources will be assigned to assist where needed.
- 4. Medications
 - a. The use of psychiatric medications during an emergency will normally be limited but can be expected.
 - b. Normal medication distribution and re-supply procedures will be followed.
 - i. When these procedures are inadequate for meeting an anticipated need, requests shall be made to DCDMHS by calling Kevin O'Brien at (202) 236-2464 or by HIS request.
 - a) DCDMHS will use their pharmacy inventory to assist when possible.
 - b) Arrangements for delivery of requested medications will be coordinated with the Liaison Officer or the HCF Pharmacy representative.
 - c) Cost invoicing will be worked out during or following the incident with suitable documentation being written and shared between both parties.
 - ii. When DCDMHS is not able to meet all medication request needs, the HECC shall be notified and requested to assist.
 - a) The HECC will seek assistance from:
 - 1) area pharmacies
 - 2) other regional health departments
 - 3) request to HHS/ASPR
 - b) Arrangements for delivery of requested medications will be coordinated with the Liaison Officer or the HCF Pharmacy representative.
 - c) Cost invoicing will be worked out during or following the incident with suitable documentation being written and shared between both parties.
- F. Use of PsySTART
 - 1. The PsySTART program can be used to determine potential patient, family and /or staff behavioral health needs.
 - a. Training on the tool and its use should be completed BEFORE an incident: DCDMHS can provide this training.
 - “Just in time training” may be possible to arrange during an incident but should be used to supplement the cadre of already trained users.
 - b. The trained personnel shall be mobilized when the time and opportunity permits to administer to recipients designated by the Behavioral Health Unit Leader. (See Attachment A for list of names).
 - c. The survey shall be administered and the recorded results submitted per the training provided by DCDMHS.

- d. The survey tool should be readily available for use by those trained to administer it.
 - 2. The DCDMHS can assist with the effective use of the tool and will help to make the results available as soon as possible.
- G. Use of Psychological First Aid
 - 1. This basic course can be used to provide preliminary assistance to those in need.
 - 2. Only those personnel trained in its use will use the tool to evaluate the need and provide assistance (see attachment B for list).
- H. Patients with special needs
 - 1. During an incident any number of patients with special needs may require behavioral health assistance. These include but are not limited to:
 - a. Children
 - b. Adults with intellectual and/or physical handicaps
 - c. Patients in isolation or quarantine
 - d. Patients undergoing decontamination
 - e. Non-English speaking patients
 - f. Deaf and hard of hearing patients
 - g. Patients with dementia/Alzheimer's
 - 2. The Behavioral Health Unit Leader will insure the needs of these persons are appropriately assessed and met as resources allow.
 - 3. Where appropriate, family members will be used to assist.
- I. Family Assistance Center
 - 1. If the HCF is operating a Family Assistance Center, consideration should be given to assigning a behavioral health specialist(s) to the area during each operational period.
 - The Family Assistance Center will be located at _____.
 - 2. The behavioral health specialist shall evaluate/provide assistance to requesting persons or those who in obvious need of assistance.
 - 3. The specialist will be available whenever possible when a family is being given stressful news.
- J. Staff Assistance
 - 1. The Behavioral Health Unit Leader will work to insure that staff members receive needed psychological support during and after an incident.
 - 2. It should be anticipated that the following situations will increase the likely need for behavioral health support to staff:
 - a. Extensive number of casualties or deaths
 - b. Injuries include children, the elderly or others with special needs
 - c. Staff among the injured
 - d. Staff line of duty deaths
 - e. Incident also has threatened or actually destroyed/damaged staff homes
 - 3. Incident Management Team personnel shall be reminded of the psychological signs and symptoms related to critical incident or post

traumatic stress disorder to watch for in their subordinates and each other.

- These signs and symptoms should be published and distributed to staff and leadership.
4. Consideration will be given to conducting defusing sessions at the end of each operational period.
 - a. The sessions may be made optional or mandatory depending on the situation.
 - b. Each session will be announced in advance of the session time period along with the location.
 - c. Information learned in each session will remain confidential.
 - d. Recommendations for additional extended support activities will be made to the Operations Section Chief and Incident Commander.
 5. Individual's needing personalized behavioral health assistance will be given help when needed using traditional medical practice methods.
 - Risk Management and Occupation Health officials shall be notified per normal procedure to address worker's compensation related issues.
- K. Healthcare Facility Incident Management Team Assistance
1. The Behavioral Health Unit Leader will work to insure that Incident Management Team personnel receive behavioral support when needed. This will include:
 - a. Performance observation for signs of stress/fatigue or emotional distress.
 - b. Defusing session after each operational period (either with other staff or by themselves).
 - c. Individual assessments and assistance when needed.
 2. The Incident Commander shall be notified when someone should be relieved of their responsibility because of concerns about their mental health.
- L. Assisting the Behavioral Health Specialist
1. The Behavioral Health Unit Leader should insure that those behavioral health specialists providing care also receive assistance as needed. This may include participation in defusing with other behavioral health specialists and/or individual attention.
 2. Those persons being used to debrief a behavioral health specialist(s) should preferably not have been involved in actual work with other facility staff members.
- M. Integration with Demobilization
1. The decision to terminate the use of the Behavioral Health Response Plan will be made by the Incident Commander, Operation Section Chief and Behavioral Health Unit Leader.
 - The recommendation of other leaders may be sought when needed.

2. It is likely that the need for some level of behavioral health support for patients, their families and/or staff will extend beyond the point when other aspects of the HCFs disaster response can be restored to normal.
3. The decision to terminate the use of the Plan will be announced to the staff in a timely and efficient manner.
4. At a suitable time after termination of the incident a formal review of the plan's utilization shall be conducted to identify needed areas of improvement.

IV. Resources

- A. Attachment A – PsySTART Trained Personnel
- B. Attachment B – Psychological First Aid Trained Personnel
- C. PsySTART
- D. PsySTART Job Action Sheet