ASPR TRACIE Technical Assistance

On August 27, 2019, ASPR TRACIE hosted the webinar ASPR TRACIE 2019 Resources Overview, with speakers providing an overview of the three ASPR TRACIE domains and how our most recently completed resources may be used to improve preparedness and response planning efforts. Links to the presentation, recording, and resource handout are now available.

Due to time constraints, speakers were not able to respond to all of the questions received during the Question and Answer (Q&A) portion of the webinar. A summary the questions asked during the webinar and those that we were not able to answer during the webinar are provided below.

Q&A

HCC Pediatric Surge Annex Template

Question 1: In your opinion, what would be the one most significant take away point for coalitions that are just beginning this process?

> **Answer:** The template is part of the coalition process of improving pediatric readiness – it is not designed to be a resource document or educational document. It's a response annex – what do the entities that make up the coalition do during a pediatric mass casualty incident that is different from an all-hazards event?

HCC Surge Estimator Tool

Question 2: How is "surge discharge" determined and why is that important?

> **Answer:** Surge discharge is the number of patients that can be safely discharged "early" from the hospital to make room for incoming casualties. It can account for 20% or more of the current inpatient census so it's a major contributor to surge capacity but has to be part of the planning and assumptions.

Question 3: How will the surge predictions be useful?

> **Answer:** Knowing what the coalition is capable of on average can be extremely helpful for both the coalition and external partners. If an event occurs with a preliminary number of casualties, the community and external partners can either anticipate that it will be handled with local resources or 'lean forward' to request or deploy resources when the event clearly is beyond the usual surge threshold of the coalition. The information can also be helpful when developing exercises or working through scenarios as part of a jurisdictional hazard/resource process.

Partnering with the Healthcare Supply Chain to Improve Disaster Response Tip Sheet & HCC Supply Chain Integrity Self-Assessment

Question 4: What is your recommendation for the best way to engage supply chain partners in the assessment process? Is this something that multiple coalitions could do together or as a statewide effort?

> **Answer:** Absolutely – if multiple coalitions use the same vendors, may of the initial meetings between distributors and providers can be held across coalition "lines" – certainly, community-specific information and planning will need to be worked on in subsequent contacts / meetings,

but initial meetings can help generate a clear regional understanding of distributors, strategies, and issues.

No-Notice Incident Tip Sheets/ Mass Casualty Trauma Triage: Paradigms and Pitfalls

Question 5: As a medical director for an EMS agency yourself, how would you approach or recommend approaching implementing the information and considerations contained in the *Mass Casualty Trauma Triage: Paradigms and Pitfalls* document?

Answer: First, look at your current mass casualty triage and response plans. Are they realistic for a mass violence event? If you're using tags or tape, is that reasonable, and why? Do other agencies in the area (including law enforcement) understand the process? In our metro area, we emphasize use of rapid triage according to basically the primary survey plus assessment for truncal trauma – and then rapid transport. If you can't keep up with transport, that's the only time we want to see the tags and a sorting process used. And as far as disposition, the crews and our communications center understand not to overload the trauma centers with minor injuries. We still need to work on EMS support *to* overloaded hospitals after an incident – that's a lesson learned we are working on.

Emergency Preparedness Information Modules for Nurses in Acute Care Settings

Question 6: How can a healthcare facility best implement these modules for their own use?

Answer:

- First, talk to and engage hospital leadership about building emergency management training into regular annual or ongoing trainings.
- Then, review the modules provided on ASPR TRACIE to determine if any content can be modified for your needs. If content needs to be modified, reach out to ASPR TRACIE for the modifiable versions of the resource.
- Finally, implement these modules as you would any other training in your facility. Follow your facility's current training procedures/ guidance.

Disaster Behavioral Health: Self-care and Compassion Fatigue Modules

Question 7: There are two scenarios in the modules, but can these concepts be used for any incident scenario and used in any healthcare setting?

Answer: Absolutely. The Basic Information and Cognitive Strengthening modules can be modified for any scenario including disasters, routine day-to-day incidents, and even your daily life. Also, module 2 for Executive Leadership encourages managers to use these principles on a day-to-day basis, not just during emergencies.

Engaging Healthcare System Partners in Medical Surge

Question 8: Through the surveys and interviews, what would you say are the three most common challenges in these various settings and how can HCCs help to address these challenges?

Answer:

- Across all of these settings, the number one priority is providing patient care. Nearly everyone we spoke with reported that this focus on patient care activities made it difficult to find time to participate in preparedness activities, especially since many of these settings have limited staffing.
  - One way HCCs could help is by including partners from these settings in relevant training, exercises, and other preparedness activities so they can enhance their readiness without devoting a lot of time to developing their own activities.

- The second common challenge we saw was a lack of clarity in many communities about the role of these settings in overall response efforts.
    - A first step for HCCs is to reach out to these settings. Let them know what your coalition has identified as gaps and ask them whether they can help your region meet those needs. Ask them what their strengths are and how they may apply those skills during a response.
- And the third is uncertainty about their ability to continue to serve patients during and following a disaster, whether due to damages to their facilities, the inability of their staff to report to work, or inadequate supplies and equipment.
    - HCCs can help them identify risks to their operations based on your region's hazard vulnerability analysis, assist them in developing business continuity plans, inform them of programs such as priority utility restoration, and determine whether they can access any shared HCC or other regional resources.

Federal Recovery Programs for Healthcare Organizations

Question 9: In developing this recovery resource, what is the most significant take away you can offer a healthcare facility in planning for recovery to disasters?

Answer:

- The most significant take away that we learned in talking to experts is the importance of pre-planning for successful response and recovery. This includes:
    - Identifying and working with a multidisciplinary administration team (e.g., emergency management, leadership, safety, and accounting/finance).
    - Building the recovery process into your response procedures so you do not have to write out the plan and do the recovery at the same time (e.g., staff hour tracking, tracking expenditures for preparedness and response).

General Questions

Question 10: Where on the ASPR TRACIE website can I locate information regarding food and water in emergencies?

Answer: Please review the following related TA responses: Hospital Supplemental Bulk Water Supply Methods, and Food Sustainability Resources. In the Food Sustainability Resources TA response document, we highlight the ASPR TRACIE Exchange: Issue 8, which has an article titled, "Nutrition and Meal Plans: An Often Neglected Pillar of Healthcare Emergency Planning" that may be of particular interest to you.

Question 11: How do the ASPR TRACIE tools or principles apply to clinic-based mental health emergencies or telehealth visits when a client presents with suicidal, homicidal or violent behaviors during a visit. I would love any information or tools that could assist in developing procedures, training, or risk management related to these three concerns above.

Answer: ASPR TRACIE resources do not specifically apply to clinic-based mental health emergencies or telehealth visits when a client presents with suicidal, homicidal or violent behaviors during a visit as this is outside of our scope. However, we do have a few resources that may help stakeholders more prepared and resilient in any scenario, including:

- Disaster Behavioral Health: Resources at Your Fingertips
- Workplace Violence Topic Collection
- Webinar: Disaster Behavioral Health Self Care for Healthcare Workers Modules
- Webinar: Health and Social Services Recovery Lessons Learned from the 2016 Louisiana Flooding

A mental health emergency or telehealth visit is a distinctly different type of "emergency." SAMHSA has several resources specific to such incidents. We recommend you first visit the National Suicide Prevention Lifeline for some resources. Then review their integrated health solution resources and consultation opportunities and their evidence based practice resource center.

Question 12: How might HCCs be able to serve as emergency caching bodies? Has anyone done this? Is there any guidance to accomplish this?

Answer: The ASPR TRACIE TA document, Regional Caching and Emergency Management, provides guidance and best practices related to regional supply caches, along with resources provided by ASPR TRACIE SME Cadre members.