Accessing Critical Disaster Resources Module 3



Objectives

Purpose:

During a disaster staff must know which resources are readily available and how to obtain resources that are needed.

- Specify the methods needed to obtain resources
- Be able to quickly access resources for chemical, biological, radiological, nuclear, and explosive (CBRNE) agents
- Understand the importance of using up-to-date resources
- Understand CHEMPACK and its functionality during disaster situations
- Define the process to increase volunteer support with rapid onboarding

Internal Resource Allocation

Resource Allocation

- Use up-to-date resources
 - Cost efficiency
 - Time efficiency
 - Ensures safety
- Allocation of resources
 - All staff are responsible for obtaining resources
 - If the command center has been established, requests for resources must be through the incident command structure

Question 1:

Utilizing up-to-date resources ensures:

Select the correct multiple choice answer.

- A. Safety
- B. Time efficiency
- C. Cost efficiency
- D. All of the above
- E. None of the above

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Select the correct multiple choice answer.

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- C. Cost efficiency
- D. All of the above
- E. None of the above

The correct answer is D.

Internal Resources

- Resources within health facilities and the procedures and systems to manage them may include:
 - Hospital Decontamination Team
 - Emergency Preparedness Team
 - Emergency Operations Plan (EOP)
 - Personal Protective Equipment (PPE)
 - Hospital Command Center (if established)

Hospital Decontamination Team

- The hospital decontamination team is responsible for the removal of contaminants from a victim before they can enter the emergency department.
- "A properly trained and equipped hospital decontamination team can save patient lives and limit hospital staff injury and facility contamination" (Hazardous Materials Response, n.d. p. 1).
- The Hospital Decontamination Team is held accountable to:
 - Respond with availability
 - Take preventative precautions
 - Complete decontamination process
 - Recovery

Emergency Preparedness Team

A hospital team dedicated to preparing the healthcare organization for any type of incident through mitigation, preparedness, response, and recovery.

The Emergency Preparedness Team is responsible for:

- Providing oversight and direction to hospital emergency preparedness activities
- Developing emergency response plans and procedures
- Supporting the Incident Commander during an incident
- Assisting with the staffing and management of the Emergency Operations Center (EOC)

Emergency Operations Plan (EOP)

A course of action established to mitigate the damage of potential incidents that could risk the health system's ability to operate efficiently.

- Hospitals are required to have an EOP to provide a plan of response and recovery in any incident.
- The EOP should be compliant with relevant regulatory and accreditation standards such as:
 - The Joint Commission Emergency Management Standards
 - The CMS Emergency Preparedness Final Rule

Hospital Command Center

The Hospital Command Center is where all communication flows when hospital operations are under stress and resources are limited.

The Hospital Command Center focuses on five mission areas:

- 1. Prevention
- 2. Protection
- 3. Mitigation
- 4. Response
- 5. Recovery

Question 2:

Who is responsible for developing the hospital's EOP?

Select the correct multiple choice answer.

- A. Hospital Decontamination Team
- B. Emergency Operations Team
- C. Incident Commander

Question 2:

Who is responsible for developing the hospital's EOP?

Select the correct multiple choice answer.

- A. Hospital Decontamination Team
- B. Emergency Operations Team
- C. Incident Commander

The correct answer is B.

Question 3:

Hospitals are ______ to have an Emergency Operations Plan (EOP).

Select the correct multiple choice answer.

- A. Recommended
- B. Required

Question 3:

Hospitals are ______ to have an Emergency Operations Plan (EOP).

Select the correct multiple choice answer.

A. Recommended

B. Required

The correct answer is B.

Personal Protective Equipment (PPE)

PPE is equipment worn to minimize exposure to hazards in the workplace.

Personal protective equipment (PPE) may include:

- Gloves
- Face shields
- Goggles
- Facemasks
- Protective footwear
- Gowns or coveralls
- Other equipment designed to prevent disease transmission
 Advanced PPE is available in hospitals for use by those with special training



Resources: Volunteers

Volunteer Considerations

- Volunteers can relieve staff of many tasks during an emergency.
- Ideally, volunteers should be recruited, vetted, and trained prior to an emergency, but many incidents result in large numbers of spontaneous volunteers.
 - Screened and trained volunteers may come from the hospital's recruitment program or an external partner.
- Successful use of volunteers requires:
 - Clearly defining their role.
 - Having a plan for rapid onboarding and credentialing.
 - Having an alternate plan to manage and encourage future engagement of spontaneous volunteers.
 - Accounting for risk management considerations.

Volunteer Considerations (continued)

Strengths

- Volunteers can be taskoriented and responsive to needs
- Volunteers may have unique resources and connections
- Volunteers can provide cost efficient services

Challenges

- Volunteers may not be familiar with organizational structure
- Lack of standard work
- Lack of communication or connectivity
- Lack of skill assessment to match volunteers with effective tasks

The Emergency System for Advance Registration of Volunteer Health Professionals

"The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a federal program created to support states and territories in establishing standardized volunteer registration programs for disasters and public health and medical emergencies." ¹

ESAR-VHP focuses on:

- Assisting health professionals volunteer
- Assisting health employers with specific skill set requirements and tasks
- Assisting state coordinators in order to quickly categorize, communicate, and deploy disaster volunteer services

Question 4:

Which of the following is NOT a challenge associated with disaster volunteers?

Select the correct multiple choice answer.

- A. Volunteers may not be familiar with structure
- B. Minimal standard work processes
- C. Lack of communication
- D. Lack of connectivity
- E. None of the above

Question 4:

Which of the following is NOT a challenge associated with disaster volunteers?

Select the correct multiple choice answer.

- A. Volunteers may not be familiar with structure
- B. Minimal standard work processes
- C. Lack of communication
- D. Lack of connectivity
- E. None of the above

The correct answer is E.

Question 5:

The hospital had multiple volunteers for an active shooter exercise. The volunteers were affiliated with the health system, yet were not given direction on where to assist. The exercise failed because of poor communication.

What key items would have helped this exercise pertaining solely to the volunteers?

- A. The volunteers should have clearly defined tasks for the exercise
- B. The volunteers should not have been affiliated with the health system
- C. The volunteers should have received compensation for their efforts
- D. None of the above

Question 5:

The hospital had multiple volunteers for an active shooter exercise. The volunteers were affiliated with the health system, yet were not given direction on where to assist. The exercise failed because of poor communication.

What key items would have helped this exercise pertaining solely to the volunteers?

- A. The volunteers should have clearly defined tasks for the exercise
- B. The volunteers should not have been affiliated with the health system
- C. The volunteers should have received compensation for their efforts
- D. None of the above

The correct answer is A.

External Resource Allocation

Accessing External Resources

- Resources available from outside your health facility may include:
 - Disaster funds
 - Mutual aid
 - Healthcare coalition resources
 - Federal assets (e.g., Strategic National Stockpile, CHEMPACK, National Disaster Medical System)
- Internal resources should be exhausted before requesting external assistance.
- Requests should be made through established jurisdictional emergency management processes and mutual aid.
- It may take an extended time to mobilize external resources.

Disaster Fund Considerations

- Develop partnerships between government and nongovernmental organizations.
- Increase funding for existing preparedness programs to strengthen everyday preparedness.
- Mobilize community support and advocacy for additional resources.
- Ensure a dedicated funding stream for pediatrics needs
 - Most vulnerable population
 - Large implications for children and families
 - There is an economic advantage to invest in the pediatric population before, during, and after a disaster

State and Local Resources

- Some healthcare coalitions have resource sharing agreements or stockpiles for use in an emergency
- Some state and local medical assistance teams are available in an emergency
- The Medical Reserve Corps has locally operating units across the country that may be available to support hospital needs in an emergency
- These resources would all be requested through existing mutual aid agreements and through the jurisdiction request process

Strategic National Stockpile (SNS)

"The SNS is a national source of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items." 1

- 12-Hour Push Packages
 - Broad-spectrum oral and intravenous antibiotics
 - IV fluids and fluid administration kits
 - Airway equipment
 - Bandages
- Managed inventories housed in the SNS or maintained by specific vendors or manufacturers

 Stockpile Responses
 - Antibiotics
 - Vaccines
 - Antitoxins
 - Ventilators

Stockpile Responses 2014-2015 2005 2009 2011 Hurricane Alex World Trade Center Hurricanes & North Dakota Hurricanes & Anthrax Attacks Gustav & Ike Isaac & Sandy Zika Virus Ebola & Botulism Hurricanes H1N1 Pandemic Katrina & Rita Influenza & North Outbreak Dakota Flooding 2001 Strategic National Stockpile • www.cdc.gov/phpr/stockpile/

Access to SNS

- SNS assets are requested by:
 - Health departments in coordination with their governor
 - National agencies such as FEMA or Federal Bureau of Investigation (FBI)
- Requests for SNS assets are coordinated through established jurisdictional procedures.
- The CDC is responsible for maintenance and delivery of items.

CHEMPACK

CHEMPACK's mission is to monitor and preserve a nationwide antidotal platform and to provide state and local governments a tangible emergency resource.

WHY CHEMPACK?

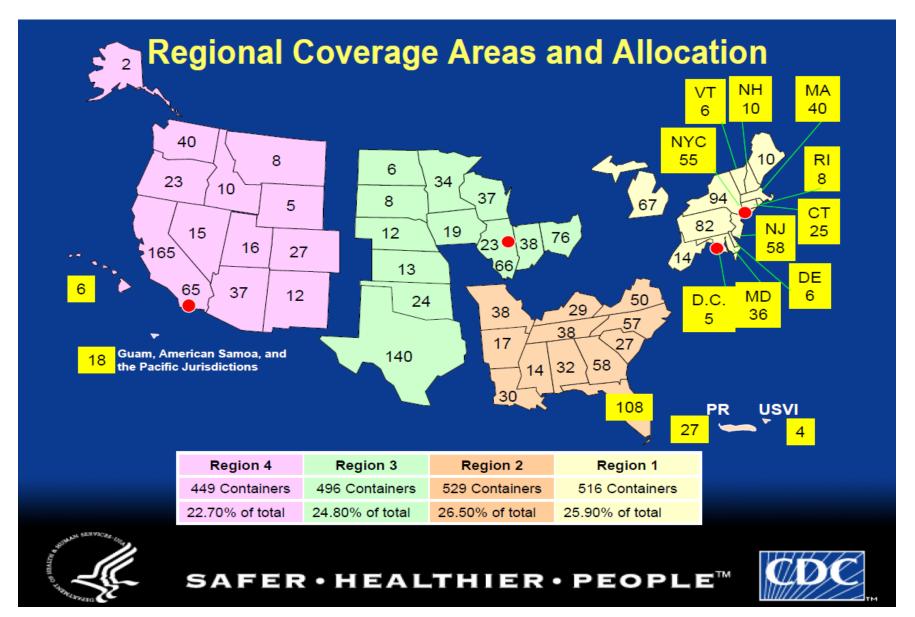
- 85% Multi-dose vials, 1000 casualty capacity
- Strategic National Stockpile (SNS) has a 12-hour response time,
 which may be too long in the event of a chemical attack
- State and local governments have minimal stock of chemical/nerve agent antidotes
- Hospitals carry very limited resources to prepare for a nerve agent exposure
- Nerve agent antidotes are not easily conservable and can be costly

(U.S. Department of Health & Human Services, 2019)

CHEMPACK Considerations

- Pre-established containers for readily available materials during an incident.
- Pre-positioned within the state for rapid deployment to the scene and hospitals.
- Geared to meet clinical needs.
- Depending on the location, may not be immediately accessible and planning should account for delivery time following request.

CHEMPACK Distribution



National Disaster Medical System (NDMS)

Teams accessible through the NDMS program include:

- Disaster Medical Assistance Teams (DMAT):
 - Strives to provide time-efficient care in a disaster.
- Disaster Mortuary Operational Response Teams (DMORT):
 - Works to accurately identify victims and support local mortuary services. DMORTs reunite victims with their loved ones in a dignified, respectful manner.

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NDMS Teams Continued

- National Veterinary Response Teams (NVRT):
 - Team of veterinary professionals to provide care to animals, including service animals during a large disaster.
- Victim Information Center Teams (VIC):
 - Strive to provide families closure by collecting antemortem data, ensuring identification of the deceased by their loved ones.
- Trauma and Critical Care Teams (TCCT):
 - Medical personnel deployed as a resource for government-based needs.

Question 6:

Which external resource may be able to meet your emergency request for PPE?

Select the correct multiple choice answer.

- A. SNS
- B. CHEMPACK
- C. Your healthcare coalition
- D. A & B
- E. A & C

Question 6:

Which external resource may be able to meet your emergency request for PPE?

Select the correct multiple choice answer.

- A. SNS
- B. CHEMPACK
- C. Your healthcare coalition
- D. A & B
- E. A & C

The correct answer is E.

Question 7:

True or False?

SNS assets are in pre-positioned containers under local control.

Question 7:

True or False?

SNS assets are in pre-positioned containers under local control.

FALSE

Question 8:

CHEMPACK's mission is to _____and ___a nationwide antidotal platform and to provide state and local governments a tangible emergency resource.

Select the correct fill in the blank answers.

- A. Assist and Enforce
- B. Monitor and Preserve
- C. Prepare and Deploy
- D. Research and Obtain

Question 8:

CHEMPACK's mission is to ______and ____a nationwide antidotal platform and to provide state and local governments a tangible emergency resource.

Select the correct fill in the blank answers.

- A. Assist and Enforce
- B. Monitor and Preserve
- C. Prepare and Deploy
- D. Research and Obtain

The correct answer is B.

Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Awareness

CBRNE Agents

- Chemical
- Biological
- Radiological
- Nuclear
- Explosive



Chemical Hazards Emergency Medical Management (CHEMM)

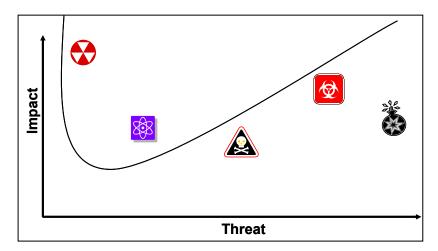
CHEMM was produced by the U.S. Department of Health and Human Services as an application to use when a hazardous chemical has been released and may have potential to harm others.

CHEMM's goals:

- Enable healthcare staff to plan, respond, recover, and mitigate the effects of a mass casualty incident involving chemicals
- Provide a user-friendly resource that can be downloaded in advance, so that it is readily available during an incident

Accessing Information on CBRNE Agents

- Expertise and training may be available via HAZMAT and other local first responder resources.
- Additional resources for accessing CBRNE information include:
 - The Federal Emergency Management Agency (FEMA)
 - Emergency Management Institute (EMI)
 - Emergency Response to Terrorism Course
 - CHEMM, REMM, WISER



Question 9:

The "E" in the CBRNE acronym stands for:

Select the correct multiple choice answer.

- A. Explosive
- B. Ebola
- C. Electrolysis
- D. Emergency

Question 9:

The "E" in the CBRNE acronym stands for:

Select the correct multiple choice answer.

- A. Explosive
- B. Ebola
- C. Electrolysis
- D. Emergency

The correct answer is A.

Question 10:

A hazardous chemical has been released within the community and has potential to harm others. Which resource would you reference?

- A. National Disaster Medical System
- B. Emergency Operations Plan
- C. CHEMM
- D. Hospital decontamination team
- E. Both C and D

Question 10:

A hazardous chemical has been released within the community and has potential to harm others. Which resource would you reference?

- A. National Disaster Medical System
- B. Emergency Operations Plan
- C. CHEMM
- D. Hospital decontamination team
- E. Both C and D

The correct answer is E.

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