



**SCHOOL OF PUBLIC HEALTH**  
UNIVERSITY AT ALBANY State University of New York

University at Albany  
Center for Public Health Preparedness

**Grand Rounds Series**

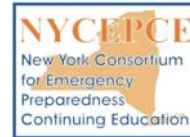


**Expanding  
Health Care  
Preparedness**

**Speaker**

**Bonnie Kaido, MS**  
Director, Emergency Preparedness  
Bassett Healthcare  
Cooperstown, NY

**Sponsored by**



&  
**Health Resources and Services Administration  
(HRSA)**  
Bioterrorism Curriculum Development Program

**Call-In**

**Phone: 800-452-0662**

**Fax: 518-426-0696**

**Email:  
cphp@uamail.albany.edu**

**Evaluation**

**[www.UAlbanyCPHP.org/evals](http://www.UAlbanyCPHP.org/evals)**

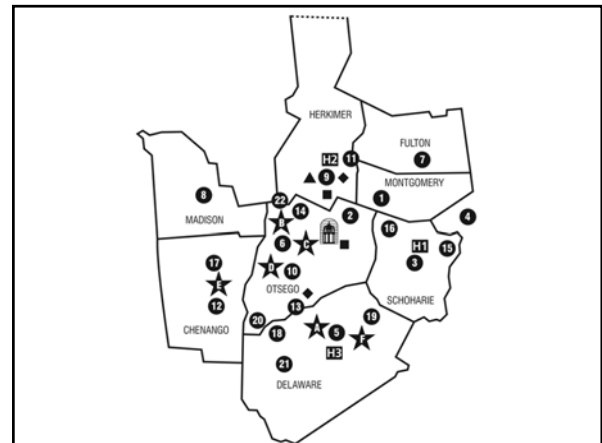
**Nursing Contact Hours,  
CME & CHES Credits Available**

## Bassett Healthcare System

- 4 (soon to be five ) hospitals in rural upstate New York
- 24 regional health centers in 8 counties
- Research institute
- Physician group (over 230 members)

## Bassett Healthcare System

- New York State Center for Agricultural Medicine and Health, based in Cooperstown, NY.
- Mary Imogene Bassett Hospital is a teaching hospital of Columbia and 5 additional medical schools.
- Member of the New York Presbyterian Healthcare System



## Understanding the Healthcare Response to Emergencies

- Sharing the Emergency Response Plan with all staff
- Assigning responsibility for training staff to managers
- Managers must understand the overall plan so that they can break it down for staff
- What is your individual role in an emergency?
- How does our department fit into the overall Emergency Response Plan?

## Hospital Incident Command System (HICS)

- HICS is the foundation for all preparedness activities
- Staff must understand:
  - How HICS works is key
  - The role of the EOC (Hospital Command Center)
  - How to access the command group for answers

## HICS

- Predictable, responsibility-oriented chain of command
- A clear set of roles and responsibilities for each healthcare provider
- Flexible response system
  - Expand and contract based on different emergency needs.
- Standardized nomenclature
- Predefined functional roles

## Planning for the Involvement of All

- Is every hospital department involved in your emergency response?
- Business Office or Finance?
- Research? Administrative Support
- Sometimes it's easy to overlook less obvious areas of support

## HICS Teams Include

- Administration
- Security
- Maintenance Staff
- Office/front desk staff

## Everyone Has a Job in an Emergency!

- Business Office
  - Escorts for children involved in a bus accident
- Research staff
  - Trackers of patients, staff, costs
- Administrative support
  - Used to dealing with the public
  - Great for answering phones and troubleshooting
- Food Service staff
  - Keeping people fed and hydrated

## Training for Everyone

- Use appropriate resources
- Use different languages
- People learn differently
- Make available at different times

## Practicing the Plans

- Evacuation drills should include the staff who will be responsible for evacuation
- Giving them the opportunity to act as the patient and the person evacuating the patient
  - Allows them to share experience from both sides
- Family members of staff make great volunteers for drills as well

## Will Staff Respond in a Crisis?

- What may have been true pre-911, may not be true today...
  - Need to practice with all staff
  - All staff may not respond in an event

## Health Care Workers' Ability and Willingness to Report to Duty During Catastrophic Disasters

### HCW ability to respond (2005):

- Most able to respond to a Mass Casualty Incident, Environmental Disaster, and Chemical Event
- Least able to respond to a Smallpox Epidemic, Radiological Event, Sudden Acute Respiratory Distress Syndrome (SARS) outbreak or severe snow storm

## Health Care Workers' Ability and Willingness to Report to Duty During Catastrophic Disasters

### HCW Willingness to Respond (2005)?

- Most willing to report during a snow storm, MCI and environmental disaster
- Least willing to report to a SARS outbreak, radiological event, smallpox epidemic and chemical event

## Barriers to Responding

- Ability: Transportation problems, child care, elder care and pet care
- Willingness: Fear and concern for family and self and personal health problems

## Breaking Down the Barriers

- Education & Training
  - How diseases are spread and in hygiene practices:
    - Hand washing
    - Respiratory etiquette
  - Institutional Emergency Response Plans
    - Importance of the individual roles
  - HICS Integration with the community

## Emphasize Personal Preparedness

### Development of Personal Preparedness Plans:

- Arrangements for child, elder, and pet care
- Family communication plans, fire escape plans, meeting place/out of state relative contacts as part of their personal preparedness efforts
- Develop a "GO BAG" including personal medications, change of clothes, etc.
- Learn First Aid and CPR

## Go Bag



## Transportation Problems and Solutions:

- Very difficult in rural areas without public transportation
- Roads closed due to a state of emergency
  - Car pooling
  - Ride sharing
  - Assign resources to transport staff to work



## June 2006 Floods - Impact

- Several Upstate Counties
- Tested Hospital/System Plans
- Tested Community Response
- Devastating Losses



## June 2006 Floods

- Tested HERDS system during an actual event (Lourdes Hospital evacuation)
- Used Ground, Air, and Water transportation to get dialysis patients to nearest appropriate dialysis facility
- County emergency managers/Fire/EMS invaluable

## June 2006 Flood - Rural Issues

- Lack of public transportation
- Limited workforce
- Limited resources
- Self-sufficient for longer periods of time
- Hospital as a refuge (power, food, shelter etc.)



<b>June 2006 Floods</b>
<p><b>Lessons learned:</b></p> <ul style="list-style-type: none"> <li>• Need for both hospital and personal preparedness planning               <ul style="list-style-type: none"> <li>• Increase emphasis on staff development of personal preparedness plans and “GO BAGS”</li> </ul> </li> <li>• Personal preparedness supports hospital preparedness</li> <li>• Need a staff member working full-time on emergency preparedness</li> </ul>

<b>June 2006 Floods - HICS</b>
<p><b>Lessons Learned:</b></p> <ul style="list-style-type: none"> <li>• HICS works</li> <li>• Communication within command structure important               <ul style="list-style-type: none"> <li>• Not every emergency follows a linear plan</li> </ul> </li> <li>• Emergency Operations Center (EOC) with backup resources important</li> </ul>

<b>June 2006 Floods – Staff Management</b>
<p><b>Lessons Learned:</b></p> <ul style="list-style-type: none"> <li>• Acknowledge social, educational and cultural differences between staff               <ul style="list-style-type: none"> <li>• Mental health issues</li> </ul> </li> <li>• Training needs to be tailored to each group</li> <li>• Frequent communication with staff important</li> <li>• Support and information sharing important</li> </ul>

<b>June 2006 Floods – Patient Care</b>
<p><b>Lessons Learned:</b></p> <ul style="list-style-type: none"> <li>• Do what is necessary to care for patients               <ul style="list-style-type: none"> <li>• Identified, searched for and found dialysis patients in shelters, arranged transportation to nearest dialysis unit to keep on schedule</li> </ul> </li> </ul>



### **Director of Nursing O'Connor Hospital**

**Assisted residents brought in by EMS**

- Set up cots and blankets
- Provided reassurance
- Shared updated information
- Helped fill prescriptions
- Transported an elderly woman to her home then to a Red Cross Shelter
- Assisted in helicopter lift of acutely ill patients

### **Housekeeping Supervisor O'Connor Hospital**

- Helped transport residents to the Red Cross Shelter
- Set up cots and privacy screens
- Stayed late at night and returned early in the morning
- Ran miscellaneous errands

### **Shuttle Bus Driver**

- Locating dialysis patients and transporting them to alternate clinics for treatment
- Contacted fire department and 911 dispatchers to identify safe routes

### **June 2006 Floods – Integration with Community**

**Lessons Learned:**

- Previous relationships with County Emergency Managers key
- Need to have an agency representative at county EOC

### **Personal Preparedness Fair**

- Information based
- Learn about available products and resources in the community and community preparedness
- Federal, state and local resources available
  - Development of personal preparedness plans
  - Supplies needed
- An opportunity to help staff prepare and spread the message into the community

## Personal Preparedness

### How to gain interest among staff:

- Include a raffle so that staff must go to each booth and have their attendance list signed
- Raffle off a 'GO BAG' or Car Emergency Kit

## Gaining Interest for Personal Preparedness

- Include "Give-a-ways" such as pens, alcohol gel, flashlights, and other small preparedness items
- Run a contest among hospital departments for the largest percentage of staff who develop personal preparedness plans or go bags

## Additional Personal Preparedness Resources

- Attorneys
  - Will preparation, health care proxies, living wills
- SPCA or a veterinarian
  - Information on disaster care for pets
- AAA Auto Club
  - Information on handling road emergencies

## Share Information in the Community

- Service Clubs such as Rotary, Lions, Kiwanis
- Local Fire Departments and EMS squads
- Faith-based organizations
- Outpatient care settings

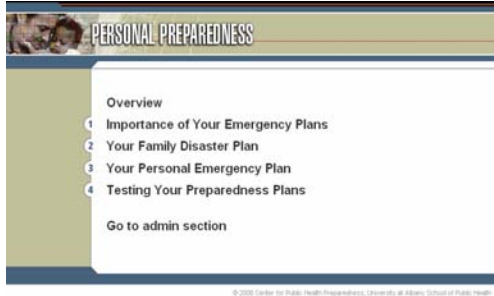
## Pandemic Flu Planning for Health Care

- Respiratory disease response plan
- Respiratory etiquette
- Vaccination
- Personal Preparedness
- Sharing information with friends and family leads to community preparedness
- Working with LHDs and health centers

## Personal Planning Information

- Red Cross [www.redcross.org](http://www.redcross.org)
- [www.ready.gov](http://www.ready.gov)
- Federal Emergency Management Agency [www.fema.gov](http://www.fema.gov)
- [www.72hours.org](http://www.72hours.org)

**Personal Preparedness Online Course**  
([www.ualbanycphp.org/learning/registration/default.cfm](http://www.ualbanycphp.org/learning/registration/default.cfm))



**Health Care  
Planning Information**

- **Emergency Preparedness Training for Hospital Clinicians**
  - [www.ualbanycphp.org/learning/registration/default.cfm](http://www.ualbanycphp.org/learning/registration/default.cfm)
- **New York Consortium for Emergency Preparedness and Continuing Education**
  - [www.nycepce.org](http://www.nycepce.org)
- **Health Care flu planning**
  - [www.pandemicflu.gov](http://www.pandemicflu.gov)

**Additional Resources**

- **Health care workers' ability and willingness to report to duty during catastrophic disasters**
  - K. Qureshi, R. R. M Gershon, M.F. Sherman, T. Straub, E. Gebbie, M.McCollum, M. J. Erwin, and S.S. Morse, *Journal of Urban Health*, Volume 82, Number 3/September, 2005

**Speaker**

**Bonnie Kaido, MS**  
Director, Emergency Preparedness  
Bassett Healthcare  
Cooperstown, NY  
[bonnie.kaido@bassett.org](mailto:bonnie.kaido@bassett.org)

**Call-In**

**Phone: 800-452-0662**

**Fax: 518-426-0696**

**Email:**  
[cphp@uamail.albany.edu](mailto:cphp@uamail.albany.edu)

**Evaluation**

[www.UAlbanyCPHP.org/evals](http://www.UAlbanyCPHP.org/evals)

**Nursing Contact Hours,  
CME & CHES Credits Available**

**February 8, 2007**

**The World Trade Center  
Evacuation Study**

**Robyn R. Gershon, DrPH**  
Professor, Clinical Sociomedical Sciences  
Columbia University  
Mailman School of Public Health