MCH/CSHCN Directors Febraury 2006 Webcast

"State MCH Program Emergency Response"

- Thursday, February 09, 2006
- 2:00-3:00pm Eastern

- **Moderator:**
- Peter van Dyck, MD

- **Moderator:**
- Chris DeGraw, MD

- **Presenter:**
- Jeff Lobas, MD, President, AMCHP

- **Presenter:**
- Tim Miller, Emergency Operations Center Manager, HRSA

HRSA Emergency Operations Center (EOC)

- History
- Post Katrina/Rita Changes

HRSA EOC Major Role

- Coordinate/facilitate the flow of information
  - HHS
  - FEMA/State (Emergency Support Function #8)
  - HRSA Administration
  - HRSA Bureaus/Offices
  - Grantees (if project officer unavailable)

What is our primary focus during a disaster?

- Assess impact on HRSA funded services
  - Damages to sites
  - Infrastructure failures
  - Patient Surge
- Determine resource needs to provide/restore efficient patient service delivery
- Provide assistance to acquire/restore critical resource needs

Lessons Learned

- Improve Communications & Coordination
- Clearly Define Roles /Responsibilities
- Standardize Reporting Requirements
- Educate staff
- Develop Straightforward Procedures for Deployments
- Establish Clear Guidance for Grantees

HURRICANES KATRINA & RITA:

A FAILURE TO COMMUNICATE
&
APPLYING LESSONS LEARNED

February 9, 2006

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Maternal & Child Health Program
Office of Public Health
Department of Health and Hospitals

OBJECTIVES:

- Discuss challenges facing communication systems during disasters
- Illustrate Louisiana's Public Health communication systems' successes
- Discuss recommendations for improving and expanding communication capabilities

HURRICANES KATRINA AND RITA:

- "EQUAL OPPORTUNITY DESTROYERS"
- Demonstrated the many challenges and complications arising from disasters of large magnitudes
- Illustrated the vulnerabilities in our infrastructures
- Illustrated the gaps in our disaster plans, which are designed around intact infrastructures

AFTERMATH CHALLENGES:

- **Surge Capacity**
  - Public Health's role as "The Safety Net"
- **Resources:**
  - Insufficient Manpower
    - Limited workforce
    - Limited training/skills levels
  - Insufficient Materials/Supplies
  - Insufficient Mental Health Services
- **Communication**

COMMUNICATION

- **Who? –** central leader/messenger**;** between public health entities, first responders, governmental officials (federal, state, local), and the people in communities
- **What? –** unified message(s); standardized language
- **Where? –** centralized command sites; local/state/federal levels
- **When? –** before, during, after disaster
- **How? –** tools/equipment; medium
- **Why? –** purpose (information exchange, tracking, etc.)

COMMUNICATION CHALLENGES:

- **Issues**
  - **Infrastructure Capacity**
  - **Equipment/Tools**
  - **Logistics**
    - **Planning**
    - **Coordination**
    - **Information Exchange**
    - **Tracking (evacuees, employees, volunteers)**
- **Louisiana Public Health's Response**
- **Recommendations**

INFRASTRUCTURE & EQUIPMENT/TOOLS

- **Systems' Vulnerability**
  - Collapsed infrastructure in direct path of disaster
  - Power failures
  - Destruction of base stations
  - Downed towers
- **Equipment Failures/Unreliable Tools**
  - Unreliable computers and telephones (land, cellular, satellite)
  - Failures in 800 MHZ band systems
  - Electricity dependent tools
  - Overwhelmed networks/radio frequencies

LOGISTICS ISSUES:

- **Inadequate Back-up plans for failed communication equipment – Hi-tech failures**
- **Poor Coordination – people, services (local, state, and federal levels)**
  - **People not directly involved in disaster planning are not aware of their individual role, though called upon for service**
  - **Volunteers – credential verification, assignments (skills level, training, etc.), tracking, accountability, communication**
- **Miscommunication of information**
- **Poor tracking of information and people**
  - **Difficulty finding evacuees, volunteers**
  - **Loss of valuable records (from the disaster)**
  - **Poor documentation**
- **Language not standardized for disasters**

LOUISIANA PUBLIC HEALTH'S SUCCESSES

- **Planning, Trainings, Frequent Updates**
- **Access/Utilization of Wireless networks**
- **Incorporation of Information Technology**
  - HelpThemNow.net – web-based volunteer interest registration
  - KatrinaHealth.net – pharmacy web-based medication and allergy database
  - Volunteers and Special Needs Shelter Evacuee Tracking
- **Developed effective and reliable collaborative partnerships**
  - MCH: Partners for Healthy Babies helpline (1-800-BABY)— continued to provide links/referrals for prenatal care and MCH services during storms' aftermaths.

LOUISIANA PUBLIC HEALTH'S SUCCESSES

- **Centralized/Unified Messages and Messengers**
  - Internal, Horizontal, Vertical communication
- **Centralized Organizational Infrastructure:**
  - 62 (of 64) public health units within Louisiana are operated daily by the State Office of Public Health (exception: public health units in Orleans and Plaquemines Parishes)
  - Regional administration identified by political and business leaders and the local communities as a reliable and centralized information source
  - Centralized Command Site(s) during disasters
    - **Volunteer credentialing and assignment coordination (over 1000 volunteers)**
    - **Daily conference calls using dial-in conference call center for updates and information exchange**

RECOMMENDATIONS: STATE AND LOCAL LEVELS

- **Create a unified message and an identifiable messenger –**
  - Speak with one voice
  - Identify communication leader(s) and chains of command
- **Create a unified/centralized administration and command center**
- **Create a communication infrastructure that is seamless, flexible, coordinated, and interoperable**
  - Mobile communication command centers
  - Utilize reliable communication tools that function w/o intact infrastructures
    - Alternatives to hi-tech equipment -- HAM radios, bullhorns, courier system (Keep It Simple)
    - Water and heat resistant tools
    - Tools with battery/generator back-up

RECOMMENDATIONS: STATE AND LOCAL LEVELS

- **Expand training to all entities that will have a role in delivery of services (local providers, elected officials, educators, business leaders, faith-based leaders**
- **Incorporate Information Technology**
  - Wireless and satellite networks, Internet
  - Inter-agency compatibility
  - Electronic Medical Records
  - Tracking evacuees, employees, volunteers
  - Expand disease surveillance and reporting
- **Build accountability and performance measures into disaster plans**
- **Fiscal responsibility/accountability**
- **Best Practice Models for planning and training**

RECOMMENDATIONS: NATIONAL AND FEDERAL LEVELS

- Create a national shared communication frequency/spectrum for use during disasters by first responders, public health entities, and governmental leaders
- Evaluate wireless communication network capabilities nationwide
- Create policies/legislation that maximize response and service delivery during disasters
- Create accessible and compatible national databases/repositories (i.e. trained healthcare provider volunteer database and medical information)
- Sustain an appropriate funding stream for communication systems' planning, trainings, maintenance, upgrades, and capacity building

CONCLUSION:

"To achieve an appropriate level of preparedness for future events, adequate planning, training, communication, and staffing are required along with improved policies and sustained funding at all levels of government"

Natural Disasters and The Texas Experience: Lessons Learned

Department of State Health Services
Austin, Texas

Workforce Component

Fouad Berrahou, Ph.D.
Title V MCH Director
Department of State Health Services
Austin, Texas

Overview of the Situation

- Back-to-back hurricanes impacting nearby states and some Texas counties
- Work settings:
  - Emergency Support Center (Health Department in Austin)
  - Local shelters across state
  - DSHS Patient-Locator Assistance
- Workforce:
  - State employees, either "volunteering" to work or being directed to work by supervisor
  - Local health professionals volunteering (in coordination w/ state professional associations)

Overview of the Situation

- Katrina: Occurred outside of Texas, did not impact Texas infrastructure. Staff was fresh and enthusiastic about the challenges presented. Situation viewed as urgent.
- Rita: Direct impact to several Texas counties. Local infrastructure damaged. Staff was physically and mentally tired and experiencing Katrina-related stress. Situation viewed as more urgent.

Critical Issues Identified

- Skill set validation
  - Matching certain skills to special needs situations
  - What to do with unlicensed volunteers (e.g. nursing/medical/social work students)?
  - Many clinical staff in state government have not used clinical skills for years
  - Many never acquired the skills needed in disaster settings

Critical Issues Identified

- Leadership and assignments – Not always clear who was in charge or what personnel should do.
- Rotation – No systematic process for ensuring that personnel were given sufficient rest and were rotated out as appropriate, or that there was adequate staff to allow for rotation.

Critical Issues Identified

- Basic personnel support needs/systems
  - Housing, food, essentials
  - Safe and reliable transportation for deployment, moving from site to site, duration of deployment, etc.
  - Security
  - Debriefing – to whom? When?

Critical Issues Identified

- Planning for staff support needs
  - Who cares for deployed staff's family?
  - Mental health services – volunteers exposed to great stress
  - Who does the work of the deployed staff while they're gone?

Lessons Learned

- Disaster Readiness Plan: Clinical Teams
  - Inventory skill sets and establish teams in advance.
  - Teams might be one M.D. and two nurses, or an M.D., nurse and social worker).
  - Provide periodic incident training and drills.
  - Require some staff to get continuing education in triage and relevant clinical skills.
  - Ideally, teams should be bilingual, or have access to translators.
  - Teams must establish emergency plans for their family members left behind.

Lessons Learned

- Disaster Readiness Plan: Leadership and assignments:
  - Have clear hierarchy so staff know the chain of command. Delineate roles and responsibilities.
  - Identify relevant national/state/local public and private partners and delineate how they will interface.
  - Establish effective mechanisms to track evacuees' destinations and to assess health and health-related needs.
  - Establish a proactive planning team (planners, policy makers, etc.) to ensure smooth transitions during evacuation, assessment and response, recovery and repatriation phases.

Lessons Learned (cont.)

Disaster Readiness Plan: Leadership and assignments:

- Have job descriptions for critical functions so staff know what needs to be done.
- Include disaster preparedness/response into clinical and non-clinical staff job descriptions.

Lessons Learned

- Disaster Readiness Plan: Staff support systems
  - Issue prepaid credit cards for food, gas and essentials.
  - Ensure access to mental health counselors as needed.
  - Train some staff in Critical Incident Stress Management (CISM), so they can provide support to others.
  - Train staff on personal security and how to ensure evacuee/victim safety.
  - Train staff on available resources and how to refer to or access them.

ONGOING DSHS ACTIONS

- Award made to Litaker Group to develop an After Action Report with a detailed improvement plan.
- Final Draft Report is due March 21, 2006
- Review of existing Texas Preparedness Plans
- Disseminate the plan, including lessons learned.

Helpful Links

- CISM: http://www.icisf.org/
- CISM: http://www.msdh.state.ms.us/index.htm
- Management: http://governing.com/articles/11disast.htm
- Myths and Realities of Disasters:
- http://www.publichealthgrandrounds.unc.edu/disasters/handout_myths.htm
- Issues for employers: http://www.workforce.com/section/09/article/24/21/98.html

Contact Information

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Interagency Communication and Planning Around Special Needs Populations Component

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Austin, Texas

Interagency Communication and Planning around Special Needs Populations

Background

- Report to the Governor (October 2004)
- Special Needs defined in four broad categories:
  - Institutionalized Medical
  - Homeless
  - Mental Health/Mental Retardation
  - Home Health/Meals on Wheels
- July 2005: DSHS charged with developing plan to assist and care for "Special Needs" population

Special Needs: Lessons Learned

- Communication among agencies (including VOADS)
- Ensure agencies know your mission and how they fit.
  - Without a clear mission, resources and efforts get diluted and become ineffective
  - Roles and responsibilities become confused
- Ensure understanding of command and control systems
- Ensure understanding of communication systems
- Ensure availability of communications systems access
- Ensure availability of communications to sister agency command and control
- Ensure field staff are informed of command/control and communication protocols

Special Needs: Actions Taken

- Governor's Special Task Force on Evacuation
- DSHS After Action Review
- Coordination meetings with sister agencies
- Coordination with Governor's Division of Emergency Management
  - Develop a data base / Refine definition / Train shelter managers
  - Pre-define shelters with appropriate training for managers
  - Coordinate evacuation transportation
  - Revise and tighten regulations regarding regulated care providers' disaster planning protocols
  - Engage PCPs and Pharmacy communities to prepare SN population for disaster response

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A few lessons learned in Florida:
anthrax, wildfires, hurricanes, cruise ships—planning for pandemics

Annette Phelps MSN, ARNP
Florida Department of Health
Title V MCH Director/Director Division of Family Health Services

Incident Command is vital in all hazards:
--Staff need to be trained and exercise pre-event
--Staff need to understand roles, functions, teams
--Staff at disaster site are victims, need plan to provide their duties (COOP) in their absence
http://www.fema.gov/nims/nims_training.shtm
COOP=Continuity of Operations Plan
ICS=Incident Command System
NIMS=National Incident Management System

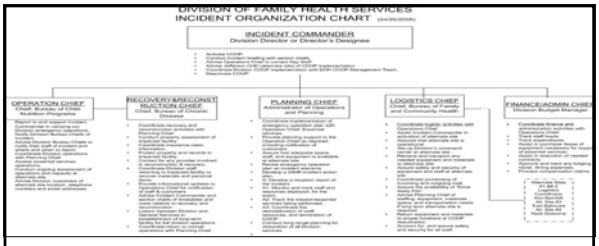
Systems:
Use ICS in all routine and emergent event management to make it familiar and comfortable

Give folks the right tools and lists of what to take along
Have a COOP (Continuity of Operations Plan) in place--go kits ready and reviewed regularly—alternate work sites, memory stick drives

Satellite phones, walkie-talkies, and high power radios are required equipment—but may not be functional at all times, therefore must set up rally points, debrief times, etc

Teach convoys how to travel together

Have safety training for all folks who go into the field



Staffing up—

--Type resources--have teams established to provide targeted implementation (strike teams) and do not allow self deployment

Establish reasonable shifts--out of area travel 7 to 10 days, if doing 12 hours shifts need to do no more than 3 days working before a full day off and give a flex schedule for return (need time to recover and return to "normalcy")

An opportunity to debrief and referrals for after care as necessary upon return from disaster duty

For the public:

Have pre-developed health messages and get them out before the event if given the luxury of time to plan

--Multilingual information is important

--Know who your communities listen to and use these gatekeepers

--Give information in manageable units before a crisis

Partners:

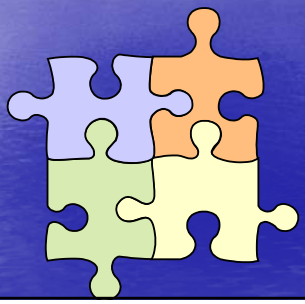
Work with them consistently and clarify roles, coordination activities, training, exercise together, have rosters of teams ready

Prepare for the unexpected:

With each disaster note the new lessons learned and train for the next

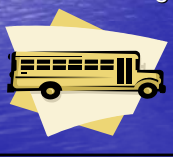
www.doh.state.fl.us/Hurricane/Hurricanefactsheet.html
www.doh.state.fl.us/Hurricane/Hurricane2005.html
www.doh.state.fl.us/rw_Bulletins/panfluplanindex.html
www.doh.state.fl.us/demo/php/index.html
www.doh.state.fl.us/

Disasters &
Children with Special Health Care Needs:
Lessons Learned in South Florida



Regional Perspective

- Six counties..... three different experiences across the continuum for sheltering children with special health care needs during a disaster



Lessons Learned: Children & Youth with Special Health Care Needs

- Disaster Plans:
  - Employee Disaster Plans (Work and Home)
  - Family Disaster Plans (AAP, Family Voices)
  - CSHCN Individual Disaster Plan
  - Extended plans which include transition options

Lessons Learned:

Designating special needs shelters for pediatric and youth population

- Current SNS focus on adult population vs. pediatric.... Caregiver role, logistical issue of placing pediatric population mixed with senior population
- Family centered care addressing the medical/ health needs of the special needs child while keeping family unit intact
- Safety... SNS provides for environmental, physical, and medical stability focused on CSHCN and family (home generator issues)

Lessons Learned: Children & Youth with Special Health Care Needs

- Onsite healthcare support with pediatric focus
- Continuity of services... therapy, school, play
- Reduced number of hospitalizations before and during disaster
- Facilitates post-disaster planning and recovery for CSHCN and their family

Lessons Learned: Children & Youth with Special Health Care Needs

- Need to identify need in community in advance… number of medically fragile children, medical foster care children, technology dependent, transportation needs
- Identify and develop key partnerships
  - CHD, County Emergency Operations, School Board, Red Cross, Local Hospitals/ Children Hospitals, Police/ Sheriff, Paramedics, DME's, Skilled Nursing Agencies, Skilled Nursing Facilities, Prescribed Pediatric Extended Care,..

Lessons Learned: Children & Youth with Special Health Care Needs

- **Develop disaster plan for pediatric SNS to include:**
  - **Roles and responsibilities of community partners and shelter teams**
  - **Disaster readiness for families- registration throughout the year with update in April/May**
  - **Logistics include:**
    - **Shelter structure… safe and suitable for population (ideal=school)**
    - **Estimate of electrical needs… contingency plans for generator back-ups**
    - **Communication- cellular, blackberry, satellite phone, ham radio,**
    - **Medications (extended supply)**
    - **Oxygen**
    - **Durable Medical Equipment (battery powered equipment)**
    - **Nutrition**
    - **Shelter supplies- mats versus cots, diapers, formula,…**
    - **Shelter staffing- CMS + community partners**

Lessons Learned: Children & Youth with Special Health Care Needs

- Ongoing development of individual CSHCN and family disaster plans
- Plans to include contingency plans (e.g. communication with teams, families, DOH, EOC, ESF8… community partners
- Incorporate After Planning into Disaster Plans… the "what if scenarios"
  - GOAL: Coordinated, timely, safe transition back to home for CSHCN and family!!!

Lessons Learned: Children & Youth with Special Health Care Needs

- Before, During and After the Disaster- Plan, Plan, and Contingency Plan
- Continually Review Lessons Learned.... local, regional and state level....
- Review plan post storm and revise plan accordingly
- Caring for the caregivers.....

Mission of Hope

"Never doubt that a small group of committed citizens can change the world. Indeed, it is the only thing that ever has."

Margaret Mead

- **Presenter:**
- Jon L. Nelson