Disaster in Healthcare Part II

Training for the Clergy
Speaker Biography

- Aultman Hospital
  - Director of Safety / Employee Health
- OH-1 DMAT Team
  - Planning Chief
- University of Akron
  - Bachelors of Science in Emergency Management
  - Associate of Science in Criminal Justice
- Consulting
  - Abt Associates (Washington, D.C.)
  - AHRQ (Washington, D.C.)
  - Academy Health (Washington D.C.)
  - Pomerene Community Hospital (Millersburg, Ohio)
- Chairman
  - Stark County EHPC
  - NECO Hospital Emergency Planning Consortium
  - ARHA Emergency Management Committee
- Member
  - Stark County EMA Advisory Board
  - Stark County LEPC
  - State of Ohio EMS Committee
  - State of Ohio Homeland Security Committee
  - Pro Football HOF Security Committee
Today’s Agenda

• Early stages of a healthcare disaster
• Notification and reporting process
• Organizational expectations
• Personal and family preparations
• Preparedness and your congregation
• Your role with the patient
• Your role with the family
• Role with staff
Healthcare Disasters

Disaster Types
- Internal
- External

Disaster Categories
- Natural
- Man-Made
- Technological
- Infectious Disease

Disaster Response
- Evacuation
- Mass Fatality
- Mass Casualty
- Decontamination
Early Stages of a Healthcare Disaster

- Confusion
  - Self-presenting patients
  - Inconsistent fire, police and EMS reports
  - Loss of utilities
  - Loss of services
  - Media influence
  - Reluctance to initiate emergency protocol
Exercise in Confusion

- September 11, 2001
  - New York Downtown Hospital
  - Treated 1 patient every 29 seconds for almost 3 hours
  - All without electric, phone, heat, air conditioning, water, phone, internet
The Notification and Reporting Process

• A request for services will be made through one of the following methods
  – The hospital command center will formally request support through the spiritual services office
  – Staff will contact the spiritual services office directly

• In the event that on-site staff cannot provide services due to the volume of patients, a phone or email request will be sent out to a core team

• All requested staff should report to the chapel located on the 3rd floor of the Bedford Building

• In a disaster situation please do not self-deploy to the hospital
  – Facility lockdown
  – Safety concerns
Organizational Expectations

• Assist with the emotional and spiritual needs of patients, visitors and staff as directed by disaster response leadership

• Be responsive to change and understand that decisions are made differently in disaster situations

• Adhere to all safety guidelines as directed by disaster leadership or safety / security staff

• Refrain from making any comments to the media as it pertains to Aultman Hospital, its staff, patients or visitors

• Refrain from posting any images or comments on social media that may compromise the privacy or integrity of Aultman Hospital, its staff, patients or visitors
Personal Preparedness

- Be aware of your surroundings and environment
- Ensure you have adequate food, water, medications and cash at home
- Develop a family communication and rally plan
- If you use a generator ensure it has fuel, operates and has the capability to operate your furnace fan
- Ensure your home is secure and has the capability to be left for extended period
- Maintain a good running car with limited supplies of water, food and a first aid kit
Preparedness and Your Congregation
Preparedness and Your Congregation Cont’d

- Know the risks of your facilities and your congregation

- Spend time preparing for emergency situations that put you, your congregation or facilities at the highest risk

- Provide resources to members of the congregation on preparedness, and include those high-risk members

- Ensure the safety of your facility, its staff and those who require its services first

- Develop a communication and recovery plan
Your Role with the Patient

- Aside from pain related to patients maybe scared, confused and even suffering from post-traumatic stress disorder

- Patients may not be located in the traditional care setting

- Patient care may be delayed for extended periods based on signs and symptoms

- Patients may only be provided palliative care due to volume of patients

- Routine amenities may not be available
Your Role with the Family

- Families may be prevented from visiting patients or even prevented from entering the building

- Patient status and whereabouts may be limited thus preventing adequate communication

- Evacuated patients may be separated from their families with no communication prior to relocation decision

- Families may not be supportive of the current level of care or lack of staff and resources

- Families may have multiple members in the hospital at one time
Your Role with the Staff

- Staff will be asked to make decisions they would not make on a day-to-day basis

- Staff will see more extensive patient suffering and loss of life than they normally do during routine operations

- Staff will suffer from post-traumatic stress disorder

- Signs and symptoms of PTSD may present immediately or days/weeks/months/years later

- PTSD may affect the ability of one to work, function, sleep or cope
Organizational Support

• Committed to helping you build a program of spiritual support in a time of disaster

• Will utilize your talent and skill set to the best of our abilities while maintaining a safe and secure environment