

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



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

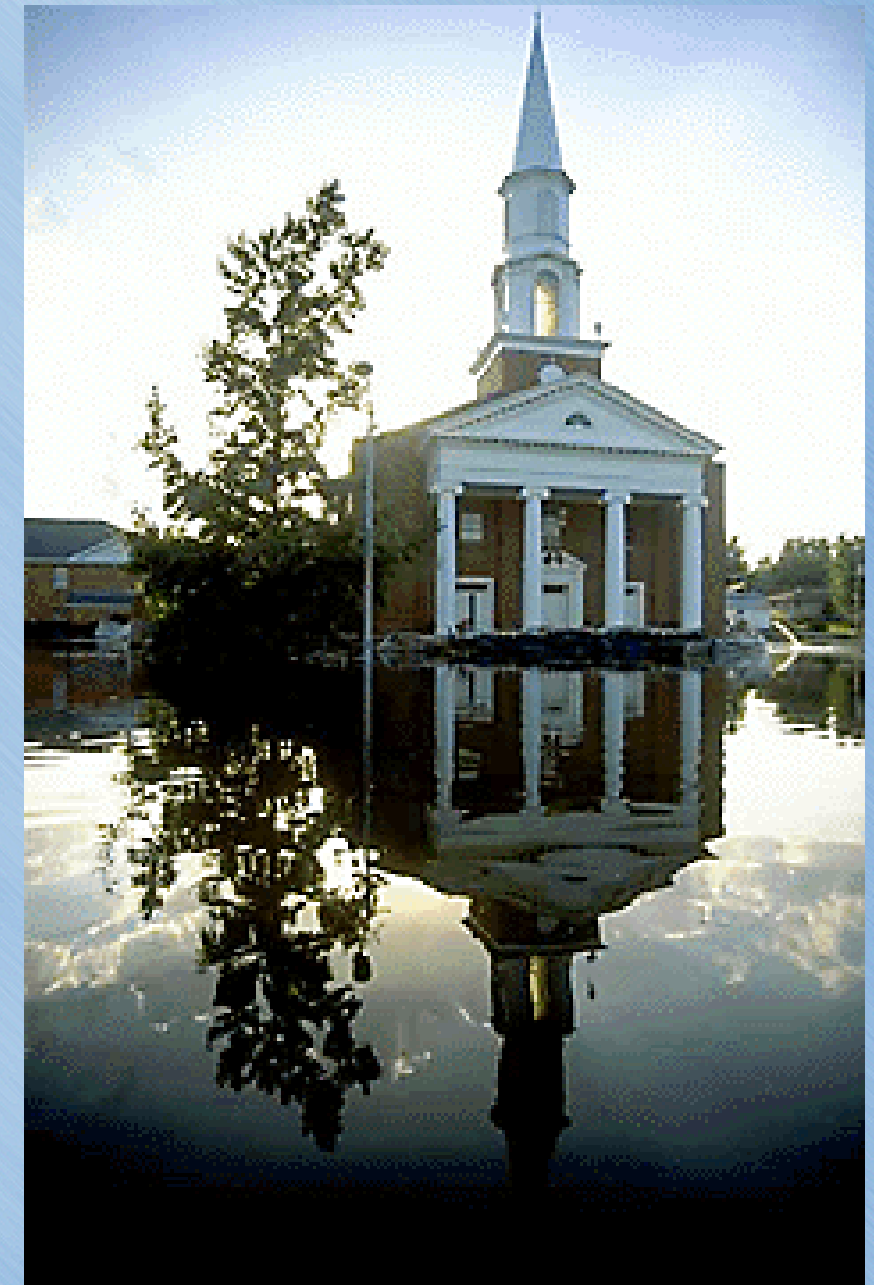
Organizational Expectations

- 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
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- 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 building 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

Questions

