

Introduction to Disaster Preparedness

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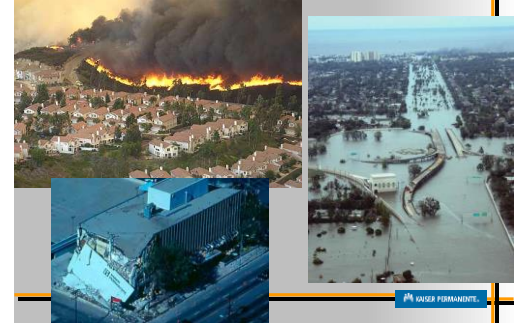
WALSH FERRANDINI

Why are we here?

- Large, visible disasters make us focus on the daily potential for bad things to happen
- Small problems occur daily
 - Home, office, community, roadways, sporting venues
- All physicians will be valued medical resources

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Natural events



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The list is long

Location	Date	Dead	Injured
Route 91 Harvest Music Fest, Las Vegas	2017	59	
Pulse Nightclub, Orlando FL	2016	50	
Virginia Tech, Blacksburg VA	2007	33	
Sandy Hook, Newton CT	2012	28	
Sutherland Springs Church, TX	2017	27	
Luby's Killeen TX	1991	24	
McDonalds, San Ysidro CA	1984	22	
UT Tower, Austin TX	1966	18	
Stoneman Douglas HS, Parkland FL	2018	17	
Inland Regional Center San Bernardino CA	2015	16	

The list is long

Location	Date	Dead	Injured
Route 91 Harvest Music Fest, Las Vegas	2017	59	851
Pulse Nightclub, Orlando FL	2016	50	58
Virginia Tech, Blacksburg VA	2007	33	17
Sandy Hook, Newton CT	2012	28	
Sutherland Springs Church, TX	2017	27	20
Luby's Killeen TX	1991	24	27
McDonalds, San Ysidro CA	1984	22	19
UT Tower, Austin TX	1966	18	31
Stoneman Douglas HS, Parkland FL	2018	17	14
Inland Regional Center San Bernardino CA	2015	16	22

July 20, 2012

- Aurora Colorado Century 16 multiplex
- Single gunman
- 70 shot, 12 died
- Many victims transferred by police and private vehicles
 - University of Colorado-23
 - Medical Center of Aurora-18
 - Children’s Hospital-6 (none children)

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Why are we here?

- Medical providers are trained in taking care of anything that walks in the door
- How do we prepare to work outside the door and outside of our usual comfort level?

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Why are we here?

- We must learn about-
 - Potential disasters
 - Mechanics of mass casualty incidents
 - Safety and preparation
 - How to play nice with others
 - Fire, Police, Sheriff, Rescue, Hazmat

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It's not my Job!

- There are people trained to care for mass casualties
- There are other hospitals, we are not a trauma center
- There are other departments (ER, Surgery, Orthopedics, etc)



It's not my Job!

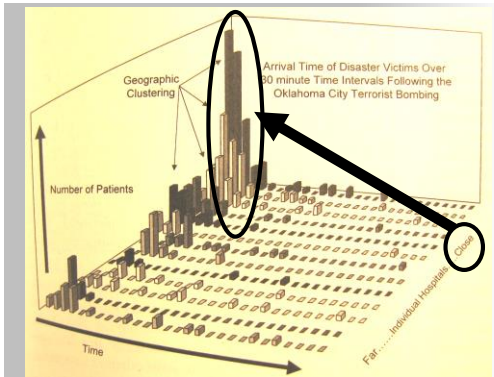
- There are people trained to care for mass casualties
- Yes, there are, but the systems can become overwhelmed and eventually many end up at medical centers



It's not my Job!

- There are other hospitals, we are not a trauma center
- Location, location, location
- May be at the most qualified medical center in the area
- May be the only facility open (undamaged, staffed, etc)





It's not my Job!

- There are other departments (ER, Surgery, Orthopedics, etc)
- They can't do it all
- Who's going to take care of a range of problems
 - Trauma, Burns, Fractures, Eye
 - Medical, MI, Asthma, Panic

What is a disaster?

- Imbalance in the availability of medical care and a maldistribution of medical resources versus casualties within a community
- Not specified by number of casualties
- "I know it when I see it"

What is a disaster?

- Earthquake
- Fire
- Intentional and Accidental Act
 - Hazardous Materials
 - Explosives, Nuclear, Biologic, Chemical
- Auto Accidents
- Sporting Events

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How can we be prepared?

- Learn
- Practice
 - Mental
 - Physical
- Resist fear and panic
- Prepare our families

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Preparing for disasters

- Professional
 - How do I know?
 - Where do I go?
 - What do I do?

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How do I know?

- Radio/TV
- Overhead paging
- Pager
- Phone trees

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Where do I go?

- At work
 - Assure your work area is safe
 - Talk to your Chief/PIC/Senior staff
 - Care for patients in your area
 - Remain at duty area unless notified to report to Physician's Consultant Pool

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Where do I go?

- At Home
 - Make sure you know your department's plan and that they have your contact information
 - Assure personal safety and safety of family
 - If able (roads clear, traffic allows)
 - Home Kaiser facility
 - If not able to get to home facility
 - Nearest Kaiser facility
 - OR
 - Nearest medical facility (Bring ID)

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What do I do?

- Usual scope of practice
- Triage (if trained and comfortable)
- Discharge or transfer eligible patients
- Treat victims
- Admit patients
- Support your colleagues

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Preparation

- Personal
- Family
- Local or Neighborhood
- Clinic/Hospital

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Preparing for Disasters

- Mentally prepared
- Physically prepared
- Know limitations
- Planning!!
- Practice, Practice Practice!!

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Pre-Disaster Planning

- Emergency Action Plan
 - Planning
 - Communication
 - Supplies



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Emergency Action Plan

- Meeting locations
- Evacuation routes
- Special needs
- Home safety and utilities shutoff

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Emergency Action Plan

- Home Safety
 - Gas/Water/Electrical Cutoff
 - Fire extinguishers
 - Smoke and carbon monoxide detectors
 - Supplies
 - Tools

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Emergency Action Plan Communication

- Governmental
 - Sirens
 - TV
 - Radio
 - Mobile PA's/Public Service Officials

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Communication

- Personal
 - Phone-landline, cellphone, satellite
 - Radio-AM, FM, FRS, GMRS, HAM
 - Email

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Communication

- Notification Plan
 - Out of state contact
 - Local contact
 - What to say

Other Important Phone Numbers & Information

Family Communications Plan

Contact Name: _____
 Telephone: _____

Out-of-State Contact Name: _____
 Telephone: _____

Neighborhood Meeting Place: _____
 Meeting Place Telephone: _____

Dial 9-1-1 for Emergencies!

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Kits and Supplies

- Prepare supplies
 - Home Kit
 - Vehicle Kit
 - Evacuation Kit
 - Work Kit



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Seven Basic Supplies

- Food
- Clothing/Bedding
- Water
- Tools/Supplies
- Sanitation
- Personal Items
- First Aid

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Food-General Considerations

- Non-perishable
- High energy
- 3 days minimum, 2 week supply best (per person)
- Camp stove, propane grill, etc



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Water

- 2 Week Supply For Each Person
- 1 Gallon/Day
 - 2 Quarts Drinking
 - 2 Quarts Food Prep/Sanitation



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Water

- Preparation Methods
 - Boil 3-5 minutes
 - Filter units
 - Bleach-16 drops/gallon, Let stand 15-30 minutes



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Sanitation

- Toilet Paper
- Paper Towels
- Moist Towelettes
- Soap
- Disinfectant
- Personal Hygiene
- Plastic Garbage Bags / Ties
- Plastic Bucket With Tight Lid



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First Aid Kits

- Designed for skill of the user
- FEMA and Red Cross recommendations
- Many don't have adequate first aid supplies at home

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Clothing

- All weather clothing for all family members
- Sturdy shoes
- Raingear (even in California)

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Tools

- Radio-battery or crank operated
- Flashlight-battery or crank operated
- Batteries
- Utility Knife, Multi-tool
- Fire Extinguisher
- Can Opener



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Tools Continued

- General tools
- Matches
- Aluminum Foil
- Needle And Thread
- Whistle
- Generator???
- Plastic tarps
- DUCT TAPE, DUCT TAPE, DUCT TAPE



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Other Essential Items

- Emergency Preparedness Manual
- Glasses
- Bedding
- Special Needs Supplies
- Towels
- Bleach
- Plates and Utensils
- Telephone
- Entertainment
- Baby Needs
- Pet Needs

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Evacuation Kit

- 3 Day Supply Food And Water
- Water Treatment Supplies
- Clothing-Shoes,Gloves,All Weather
- Hygiene Products- Toothpaste,Wipes,Soap

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Evacuation Kit

- Bags
- Bedding/Sleeping Bags
- Knife
- Flashlight/Batteries
- Radio
- \$\$
- Special needs
- Family Documents
- Shovel/Tools
- Maps
- Booster Cables
- Tire Repair Kit/Flares
- First aid kit

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Vehicle Kit

- Food/Water-3 Days Supply Per Person
- Blanket/Sleeping Bag
- Clothes/Sturdy Shoes
- First Aid Kit
- Medications
- Radios



WASER FORBANDS

Vehicle Kit

- Flashlight/Batteries
- Flares
- Shovel
- Maps
- Tire Repair Kit/Tools/Booster Cables

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Office Kit

- Similar to previous kits but more focused on items needed when forced to stay in your office environment
- Will not need as extensive a kit as with the others
- Be prepared to stay in your office for hours to several days

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Office Kit Continued

- First aid kit
- Other items
 - Hygiene items
 - Medications
 - Sleeping/bedding/change of clothes
 - Comfort food, water for 2-3 days
 - Radio

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Food for Thought

- A disaster of hurricane Katrina proportions in Southern California (Earthquake)
- The Hurricane did not kill as many people as the *disaster AFTER the disaster*
 - *Poor preparation*
 - *Poor planning*
 - *Poor response*

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Summary

- It's not a matter of IF but *When*
- Now is the time to get started
- Make a EAP and implement it
- Get more acquainted with your workplace and community emergency plans and resources
- Consider advanced training

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Threat management

- Prevention of Workplace Violence
- Safety and Security
- Active Shooter preparation

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Video Presentation

<https://vimeo.com/159004821?ref=em-share>

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Kaiser Permanente Southern California

- Threat Awareness Training
- Prevention of Workplace Violence
- Active Shooter



Kaiser Permanente

Definition and Awareness

Kaiser Permanente

Definition of Workplace Violence

- ✓ Acts and/or threats of violence include physical assaults and actions or statements which, either directly or indirectly, by words, gestures, symbols, intimidation, or coercion give reasonable cause to believe that personal safety of the affected individual or others may be at risk.
- ✓ Intimidation includes behavior which has the purpose or effect of inspiring fear in a reasonable person.

Kaiser Permanente

Potential Triggers

- ✓ Unfavorable medical diagnosis
- ✓ Relationship problems off/on the job
- ✓ Workplace stressors
- ✓ Domestic problems
- ✓ Financial difficulties
- ✓ Legal problems

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Abusive behavior

- Intended Impact
 - Knock you off balance
 - Manipulate and control the situation
 - Cause you to feel guilty
 - Cause you to experience other negative emotions
 - Intimidation and power seeking



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Reducing Risk of Harm

- ✓ Do not ignore your fear or concern
- ✓ Consider leaving the exam room/office door partially open with security in the hall way
- ✓ Never block your exit from the door
- ✓ Be aware of where the patient's hands are at all times
- ✓ Keep a safe distance but not too far away
- ✓ Consider a social worker evaluation
- ✓ Consider having security present when the patient/person is in the department

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If there's a behavior that makes you uncomfortable...listen to that intuitive warning!

If you see something or sense something, say something!

There may be an innocent explanation for behavior BUT... if left unaddressed, could escalate and contribute to a toxic work environment.



Security Environmental Awareness

Environmental Factors that Foster Security:

- Escape routes
 - Create escape routes with staff and physicians
- Layout of the work area
 - Encourage staff and physicians to familiarize themselves with their work area floor plan
- Security devices
 - Identify and educate staff and physicians of security devices located in their work area (card readers, door locks, panic buttons, cameras)



Characteristics, Warning Signs, and De-escalation Tips



Characteristics of an Aggressor

Examples	of	Aggressions
<ul style="list-style-type: none"> Irritable motor activity Pacing Rising level of agitation Can't sit still Scanning the environment Hanging around nurse's station 	<ul style="list-style-type: none"> Looking (staring) out windows Muttering Humming Glaring eyes Forward leaning posture when speaking Hyper alert state 	<ul style="list-style-type: none"> Increased talkativeness Aversion to physical contact Tightening of muscles, clenching teeth Urge to move about Growing resistance to direction

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Characteristics (yellow flags)

- ✓ History of aggressive behavior or violence
- ✓ Lack of social support system
- ✓ Feels victimized; blames others
- ✓ Emotionally depressed
- ✓ History of substance abuse
- ✓ Empathizes with those who resort to violence
- ✓ Problematic work history
- ✓ Recent deterioration of general behavior

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Characteristics (red flags)

- ✓ Behaving belligerently; using harassing or abusive language
- ✓ Displaying chronic, seething anger
- ✓ Making verbal threats to do physical harm
- ✓ Displaying threatening behaviors
- ✓ Expressing paranoid or irrational ideas
- ✓ Displaying obsessive romantic attraction
- ✓ Making angry threats of suicide
- ✓ Commenting about access to weapons



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Examples of Threatening Behavior

Indirect verbal threat:

- ✓ I can understand why that doctor got shot.
- ✓ You'll be sorry for that!
- ✓ Watch your back!

Direct verbal threat:

- ✓ I'm going to punch your lights out!
- ✓ My father is a cop and has a lot of guns and if he dies, I'm coming back here to shoot the place up!
- ✓ I'm going to kill you!

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Examples of Threatening Behavior

Written intimidating messages

- ✓ A note on desk "you're next"
- ✓ Drawing characters (picture of gun)
- ✓ Cut and paste news stories
- ✓ Text message
- ✓ Voice mail
- ✓ Email

Non-verbal intimidating gestures

- ✓ Pointing the index finger as though a firing a gun
- ✓ Drawing your finger across your throat

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Tips for De-Escalating situations:

- Treating everyone with **respect** and **courtesy** is not only the best way to defuse anxious or defensive behavior, it is also the key to increasing customer loyalty and satisfaction.
- Respect for each person is the best prevention – most people will never become violent but many will become **anxious** and **defensive!**
- Remember, your aim is to solve a problem while maintaining the **dignity** and **respect** of each individual as well as your **own dignity** and **respect**. You are not the judge and jury regarding their behavior.

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Giving Direction...

To an anxious, defensive patient or family member –

- Isolate the individual
- Avoid personal challenges
- Allow venting
- Avoid being judgmental
- Set limits



Giving Bad or Unwanted News...

- Be prepared
- Preserve the individual's dignity
- Be objective
- Listen with empathy
- Offer something

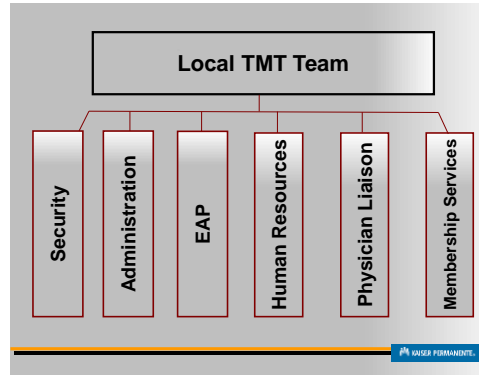


Threat Management



SCAL Threat Management Team Policy and Procedures

- ✓ National Program Wide
- ✓ Southern California Region
- ✓ Every Medical Center



Local Threat Management Team Responsibilities

- ✓ Develop, implement, and oversee local threat management plan including:
 - ❖ Periodic review of security systems and procedures
 - ❖ Development and periodic review of procedures for reporting, assessing and managing threats and violence
 - ❖ Educate and communicate to employees, physicians and members
- ✓ Analysis of trends and patterns in order to update preventive measures
- ✓ Receive all threat reports, conduct a thorough risk assessment and implement and direct plan of action for low and moderate risk situations. Mutually manage high risk situations with appropriate departments and agencies.

Awareness
 +
Action
 =
Prevention

- ✓ Action has to be appropriate and timely
- ✓ Proactive not Reactive

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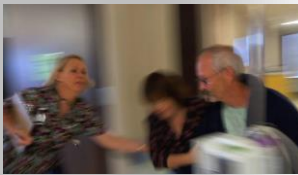
**Imminent Danger
 For Healthcare**

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Survival Mindset

A protective shield comprised of:

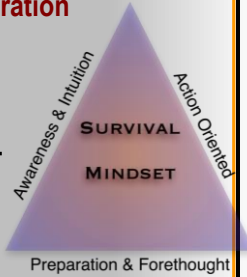
- Awareness
- Preparation
- Rehearsal



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Preparation

- Look at your work environment through a survival lens
- Ask yourself the “**what-if**” questions
- Prepare mentally and emotionally to survive



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Awareness

- Workplace violence can happen anywhere and to anyone
- Basic understanding of an active shooter situation
- Recognizing changes that may reflect a potential for a problem in the making



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Rehearsal

- Practice your plan
 - Mentally & Physically walk through your “**what-if**” plan
 - Reduces response time... Builds confidence
- Serves as a survival “inoculation”
- Integrates your specific policies and procedures for responding to a critical incident

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Trained vs. Untrained Response

Trained	Untrained
Anxious	Panic
Prepare Action Plan	Denial of Event
Commit to Act	Helplessness - Freeze

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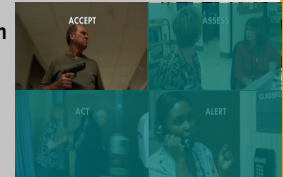
Response Measures



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Response Measures- ACCEPT

- Accept that a violent incident is occurring
- Recognize real gun fire sounds different than in movies
- Trust your intuition



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Response Measures - ASSESS

Quickly, gauge what's occurring

- Continuous evaluation process

Assess your options

- Get out? Escape? Hide?
- Protect? Who? Where?
- Confront the shooter?

LAST RESORT!



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Response Measures - ACT

Avoid

- Get out fast; don't wait for others to validate your decision

Barricade

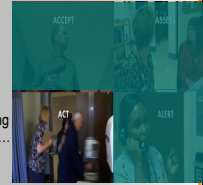
- Put anything you can in between you and the shooter
- Avoid places that might trap you or impede movement

Fight... Last Resort

- If escaping or hiding are not possible, neutralizing the shooter in some way may be your only option...

CONTROL HANDS

- Any action you take may be your only means of survival

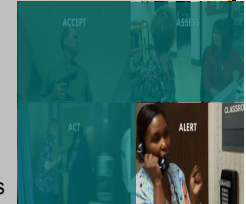


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Response Measures - ALERT

When you get out, immediately notify authorities

- What law enforcement needs to know
 - ✓ Name, if known
 - ✓ Number of assailants
 - ✓ Description
 - ✓ Location
 - ✓ Number & type of weapons

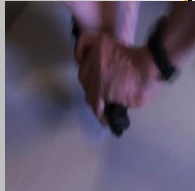


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Neutralizing the Threat

Taking actions to disrupt the shooter's actions or incapacitate the shooter

- Throw things, yell, use improvised weapons
- Develop an action plan and work as a team
- Success requires a total team commitment



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Defensive Actions

If a code announcement is made over the PA about an active shooter, you must consider the following

- Are you alone?
- Are others nearby?
- Are they mobile?
- Can they help you and themselves?
- Are you near patient rooms?
- Are there rooms with inside door locks?

Whatever actions you decide to take, help others to escape as you go

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Active shooter vs. other gun violence

Active Shooter

- Random or specific targets
- Armed individual who has used deadly force
- Has unrestricted access
- Goal is to kill
- Cannot negotiate with those on a mission to kill, those with severe psychiatric problems or on certain drugs

Other

- Armed individual or group who may or may not use deadly force
- Wants to use people as leverage
- May want to keep hostages alive
- May be suffering from acute stress that disrupts ability to function normally
- Goal is to get something (robbery, message, escape from custody)
- May have room for negotiation

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Law Enforcement Response

They will not know if you are a threat, they are trained that "Hands kill" - Raise your arms, spread your fingers, show your hands as you drop to the floor

If officers enter a room where you are located:

- Do not point at them or the shooter
- Do not scream or yell, be quiet and compliant
- Give them requested information on the shooter
- Number, Description, Location, Type of weapon



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Once police arrive, follow their directions



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Give description & location of shooter(s)



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Everyone is considered a suspect, until proven otherwise



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Don't make any sudden moves



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Keep hands up until told otherwise



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Expect to be searched



Expect a chaotic environment



Questions?

