

The LA County EMS Agency Programs for Psychological Consequences of Disasters

Bridging the Gaps: Public Health and Radiation Emergency
Preparedness Conference

March 22, 2011

Sandra Shields, LMFT, ATR-BC, CTS

Sr. Disaster Analyst

Los Angeles County EMS Agency

Los Angeles County EMS Agency: Psychological Preparedness Activities for HPP Hospitals and Clinics 2001-Present

- In context of the HPP program
- Hired a full time mental health professional
- “Planning for Psychological Consequences” training for Hospitals and Clinics
- Operational rapid mental health triage and incident management system
- Staff triage and Staff resilience system

Training Offered by Los Angeles County: “Preparing Hospitals and Clinics for the Psychological Consequences for a Terrorist Incident or other Public Health Emergency”

Module 1: one-hour module for administrative and disaster planning and response staff

Module 2: one-hour module for hospital and clinic, clinical, mental health, and non-clinical staff

Other training materials and tools are available free at:

<http://ems.dhs.lacounty.gov/Disaster/DisasterTrainingIndex.htm>



County of Los Angeles
**Department
of Mental Health**



Module 1: Training for Administrative and Disaster
Planning and Response Staff

REPEAT for Health Care Facilities

Disaster Preparedness Self-Assessment Tool

Psychological Element*	Full Implementation (Score = 2)	Some Implementation (Score = 1)	No Implementation (Score = 0)	Your Score and Areas to Improve
Structure				
Internal Organizational Structure and Chain of Command	<ul style="list-style-type: none"> Leadership recognizes the need to address psychological consequences Disaster plan includes MH in the incident command structure/ job action sheets Clear roles are identified for direct MH service to survivors and family; and staff 	Some of these structures are in place to address psychological consequences	There is no infrastructure to address psychological consequences	2 1 0 _____ _____ _____
Resources and Infrastructure	<ul style="list-style-type: none"> Plan has been reviewed to ensure adequate resources and supplies will be available Resource list is available with information on who to contact (county DMH) Have capacity to handle a MH surge up to 50 times the number of physical casualties 	Some but not all resources that would be needed are available	Resources available are inadequate should a disaster occur	2 1 0 _____ _____ _____
Knowledge and skills	<ul style="list-style-type: none"> MH staff are trained for roles in command structure and familiar with job action sheets MH staff are trained in MH assessment and early psychological intervention Staff receive hands-on training through exercises and drills to test plans 	Some staff have received some training activities on MH reactions and response	Staff have not received training on MH reactions and response	2 1 0 _____ _____ _____
Subtotal Disaster Preparedness Self-Assessment Score (Structure: possible range = 0–6)				



County of Los Angeles
Department of Mental Health



How Prepared Is Your Facility?

— Key Recommendations —

- Add one or more mental health professionals to your facility disaster planning team
- Pre-identify one or more mental health staff or clinical staff for the hospital incident command
- Recruit staff for your facility disaster mental health team
- Include the surge of psychological casualties in your annual exercise program to test your mental health response plans



County of Los Angeles
**Department
of Mental Health**

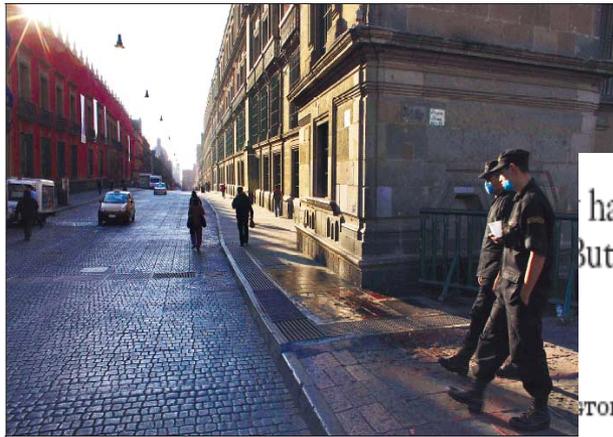


Module 1: Training for Administrative and Disaster
Planning and Response Staff

Los Angeles Times

75¢ DESIGNATED AREAS HIGHER © 2009 94 PAGES WST

latimes.com



GHOST TOWN: Police patrol at dawn in the Zocalo, Mexico City's usually bustling main square. Parks and roads emptied in the last few days, as many of the capital's 20 million people heeded warnings to stay indoors to avoid infection.

BERNAN LINDLEY/ASSOCIATED PRESS

Souter set to announce

has
But
STON
ELLS

Swamped hospitals fear an ER emergency

NOAM N. LEVEY
REPORTING FROM WASHINGTON

On Long Island, N.Y., hospitals are scrambling to bring extra workers in to handle a 50% surge in visitors to emergency rooms. In Galveston, Texas, the local hospital ran out of flu testing kits after being overwhelmed with patients worried about having contracted swine flu.

At Loma Linda University Medical Center near San Bernardino, emergency room workers have set up a tent in the parking lot to handle a crush of similar patients. In Chicago, ER visits at the city's biggest children's hospital are

double normal levels, setting records at the 121-year-old institution.

So far, few of the anxious patients have had more than runny noses. But the widening outbreak of swine flu, also known as H1N1 flu, is exposing a potentially critical hole in the nation's defenses.

Across the country, emergency care facilities are straining at the seams even though the outbreak is relatively small and the federal government has launched a mammoth disease-control effort — dispatching antiviral drugs to states, attempting to contain the limited number of cases and beginning to develop a vac-

[See Hospitals, Page A18]

CHRYSLER DRIVING WITHOUT A MAP

Such a bankruptcy has never been tried. But GM could follow.

JIM PUZZANGHERA
REPORTING FROM WASHINGTON
MARTIN ZIMMERMAN
REPORTING FROM LOS ANGELES

President Obama's decision to save Chrysler by pushing it into bankruptcy Thursday puts the major U.S. automaker in risky, uncharted territory and could portend a similar outcome for General Motors Corp. as it races to meet its own government restructuring deadline.

The administration is betting Chrysler's future on the company's ability to emerge quickly from what can be a complex and unpredictable legal process. Obama also is trying the company's fate to Fiat, an Italian owner that may not be able to crack the code of U.S. car buyers.

Mexico City is still

Swine flu brings a quiet dread to the megalopolis

KEN ELLINGWOOD
REPORTING FROM MEXICO CITY

Stroll around this city for long and a gnawing sensation grows. The children are missing. This is a place where, nor-

mally, children are noisy, abundant, dotted upon. In an instant, they seem to have disappeared. The swine flu outbreak in Mexico City has achieved the seemingly impossible: It has silenced this clamorous megalopol-

is of 20 million people. Streets are suddenly safer to cross, but some parks seem bigger with children. Fear of infection has restricted public gatherings and led to a city in hiding.

A week after announcing the outbreak of H1N1 flu, Mexico City is teeming, polluted, noisy and bustling — less like Phoenix than it does the West Coast city.

The famously beautiful city is suddenly more than can cross the border as the flu spreads. It is sprinting in a 10-minute race once again transformed into a 10-minute drive.

The pace is not unusual for a city that has seen a year when the bustle slows down because of a capital's tie to the Christmas, Easter week. This time, however, it is a quiet, heavy dread. Its emblem is a mask, or tapaboca. Or most jarring images in the city this week: a child's face staring silently in

Swamped hospitals fear an ER emergency

NOAM N. LEVEY
REPORTING FROM WASHINGTON

On Long Island, N.Y., hospitals are scrambling to bring extra workers in to handle a 50% surge in visitors to emergency rooms. In Galveston, Texas, the local hospital ran out of flu testing kits after being overwhelmed with patients worried about having contracted swine flu.

At Loma Linda University Medical Center near San Bernardino, emergency room workers have set up a tent in the parking lot to handle a crush of similar patients. In Chicago, ER visits at the city's biggest children's hospital are

double normal levels, setting records at the 121-year-old institution.

So far, few of the anxious patients have had more than runny noses but the widening outbreak of swine flu, also known as H1N1 flu, is exposing a potentially critical hole in the nation's defenses.

Across the country, emergency care facilities are straining at the seams even though the outbreak is relatively small and the federal government has launched a mammoth disease-control effort — dispatching antiviral drugs to states, attempting to contain the limited number of cases and beginning to develop a vac-

[See Hospitals, Page A18]

[See Mexico, P

GALE HOLLAND

discussion echoed a number of painful conversations this spring as recession hit hard.



Mass Casualty Mental Health (MH) Implications

- Acute disaster mental health casualties will present in medical (ED) *not* MH settings.
- People will be asking for medical and not MH services.
- At-risk MH can be best identified in EDs, shelters, and schools *not* MH settings.
- MH among *the* most enduring long term health outcomes.

PsySTART for LA County

PsySTART

(Pychological Simple Triage and Rapid Treatment)

LA County worked with Dr. Merritt “Chip” Schreiber (UCI) to adapt PsySTART for use by hospitals and clinics.

- Year 1 – Developed a pilot system for DRC hospitals and clinics and prototype tag
- Year 2 – Extended project to non-DRC hospitals and clinics, developed “Staff” and “Leader Tags”, Exercise
- Year 3 – Building a “staff resiliency system”.

PsySTART-LA County

PsySTART

(Psychological Simple Triage and Rapid Treatment)

- We have worked with stakeholder group to develop both a patient “tag” and PsySTART Job Action Sheet
- We have also worked with a stakeholder group to develop a “staff” and “leader” version of the tag
- We are now working to fully integrate both

LAC EMSA Command Aware System: PsySTART Integration

The screenshot displays the CommandAware Home dashboard. At the top, there are navigation tabs for Dashboard, Job Action Sheet, Library, and Communications. Below these, a secondary navigation bar includes Dashboard, Regional Snapshot, Capacity Report, and Mate. The main content area shows a breadcrumb trail: [CommandAware Home](#) > Dashboard. The 'Your Alerts' section contains three items: an **ALERT** for 10 overdue tasks, another **ALERT** for a new PsySTART report, and an **INFO** for 3 incomplete tasks. Below the alerts is a section for 'Incident Action Plan (HICS Forms)' with a table listing 'Form 201 Incident Briefing' as 'Not Published' with a 'Create' button. On the right, the 'Facility Status' section shows 'System Status' with links for 'Incident: (Manage Incidents)' and 'Operational Period', and a section for 'Active Hazards'.

CommandAware: Module Page - Mozilla Firefox

File Edit View History Bookmarks Tools Help

https://auth/s14/showModulePage.do?pageId=1248935599

Getting Started CA Sandbox CommandAware CA Authoring CA QA AVC Bugzilla Main Page PortBlue Wiki HRB Portal

CommandAware: Module Page CommandAware: Module Page Editor

Dashboard Job Action Sheet Library Communications

Dashboard Regional Snapshot Capacity Report Materiel Report Personnel Report Assessments

CommandAware Home > Dashboard

Your Alerts

ALERT A new PsySTART Report has been received

Incident Action Plan (HICS Forms)

Form 201. Incident Briefing	Not Published
Form 202. Incident Objectives	Not Published
Forms 203/204. Assignment List	Current
Form 261. Incident Action Plan Safety Analysis	Current

LA County Resources (Library)

LA County Resource Request ICS Form 213	LA County Resource Request Form.pdf
Licensing Program Flexibility Request Form- H1N1 Response	Licensing H1N1 Facility Request.pdf
PsySTART LAC Report	ICS-100.pdf

User Information: Keith Burke

Current Roles [\(change\)](#)

• Please Select Your Role!

Contact Information [\(change\)](#)

Email: kmburke@concerro.com

Phone:

Other:

Facility Status

System Status

Incident: [\(Manage Incidents\)](#) **Cancer Center practice session** (Practice Session)

Operational Period: **Extended (1,060h elapsed)**

Active Hazards: [\(change\)](#) CS-Link Downtime [Downtime procedures for CS-Link] (activated: 2010-10-01 15:53 PDT)

Hospital State [\(change\)](#)

Command Center Phone:	310-423-2800
Decontamination Capacity (patients per hour):	50 (Ambulatory) 10 (Non-Ambulatory)
ED:	Normal
Data Threshold:	30 min.

Operational Log (Update) (View)

From: Ryan Tuchmayer - Incident Commander,
Time Sent: 2010-10-01 15:51 PDT

Demonstration upload of inpatient summary of events sheet.

Document: [IP Summary of Events.xls](#)

Done

Dashboard

Job Action Sheet

Library

Communications

Dashboard

Regional Snapshot

Capacity Report

Material Report

Personnel Report

Assessments

Dashboard > Regional Snapshot



[Snapshot](#) | [Map](#) | PsySTART

Cedars-Sinai Medical Center Summary Report

LA County Summary Report

[PsySTART_countlv.pdf](#) (2010-11-29 11:53 PST)

[PsySTART_facility.pdf](#) (2010-11-29 11:53 PST)

Group

Summary Report

UCLA/Cedars-Sinai DRC

[PsySTART_region.pdf](#) (2010-11-29 11:53 PST)

How to Implement PsySTART Staff Self-Assessment Successfully

- Facilities need to address three key critical success factors:
 - 1: How will staff use self triage/assessment?
 - 2: How will triage information be used to support staff level by the facility?
 - 3: How will referrals for follow-up be completed?

Recommendations for Radiation Emergencies

- Lets be realistic about a surge of psychological casualties and the impact on our health systems by:
 - 1: Always including mental health surge estimates in surge planning models and facility disaster plans – more will present with concern than with injury!
 - 2: Develop a nationwide mental health triage standard for mental health triage based on exposure to the disaster not “symptoms”
 - 3: Systems to support staff resiliency should be an expected and routine part of our preparedness efforts

Publications on LA County Projects

Meredith LS, Eiseman DP, Tanielian T, Taylor SL, Basurto-Davila R, Zazzali JL, Diamond D, Cienfuegos B, Shields, S (2010) Prioritizing “Psychological” Consequences for Disaster Preparedness and Response: A Framework for Addressing the Emotional, Behavioral, and Cognitive Effects of Patient Surge in Large-Scale Disasters. *Disaster Medicine and Public Health Preparedness*, 2010;4:doi:10.1001/dmp.2010.47)

Meredith LS, Zazzali JL, Shields S, Eiseman DP, Alsabagh, H (2010) Psychological Effects of Patient Surge in Large-Scale Emergencies: A Quality Improvement Tool for Hospitals and Clinic Capacity Planning and Response. *Prehospital and Disaster Medicine*, 2010; 25(2):107-114

Shields S (2009) Preparing Hospitals and Clinics in Los Angeles County for Psychological Casualties Following Disasters, *The Los Angeles Psychologist*, May-June 2009, 12-13

Contact Information

- Sandra Stark Shields, LMFT, CTS
Sr. Disaster Services Analyst
LA County Department of Health Services
Emergency Medical Services Agency
10100 Pioneer Blvd, Suite 200
Santa Fe Springs, CA 90670
(562) 347-1648
Fax: (562) 944-6931
Sanshields@dhs.lacounty.gov

Web: <http://ems.dhs.lacounty.gov>