The LA County EMS Agency Programs for Psychological Consequences of Disasters

Bridging the Gaps: Public Health and Radiation Emergency Preparedness Conference
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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
**REPEAT for Health Care Facilities**

**Disaster Preparedness Self-Assessment Tool**

<table>
<thead>
<tr>
<th>Psychological Element*</th>
<th>Full Implementation (Score = 2)</th>
<th>Some Implementation (Score = 1)</th>
<th>No Implementation (Score = 0)</th>
<th>Your Score and Areas to Improve</th>
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| Internal Organizational Structure and Chain of Command | - 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 | - 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 | - 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)
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
Souter set to announce

Mexico City is still grappling with the threat of swine flu, but the capital has announced its intention to lift the state of emergency.

On Long Island, NY, hospitals are faced with a surge in patients, with ERs running at double capacity.

Swamped hospitals fear an ER emergency

Noam N. Levey
Reporting from Washington

On Long Island, NY, hospitals are bracing for a surge in patients, with ERs running at double capacity.

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 largest 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 struggling to handle the influx of patients, and some are already overwhelmed.

[See Hospitals, Page A18]
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 (Psychological 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
Dashboard > Regional Snapshot

Snapshot | Map | PsySTART

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<tr>
<th>Cedars-Sinai Medical Center Summary Report</th>
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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

• Let's be realistic about a surge of psychological causalities 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


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