

April 25-28
2017

PREPAREDNESS SUMMIT

Atlanta, Georgia
ATLANTA MARRIOTT MARQUIS

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Rapid Public Health Response: Performance Support Tools for On-Call Public Health Preparedness Staff

Introductions

Stacey Kokaram, MPH

Director

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Education & Training*



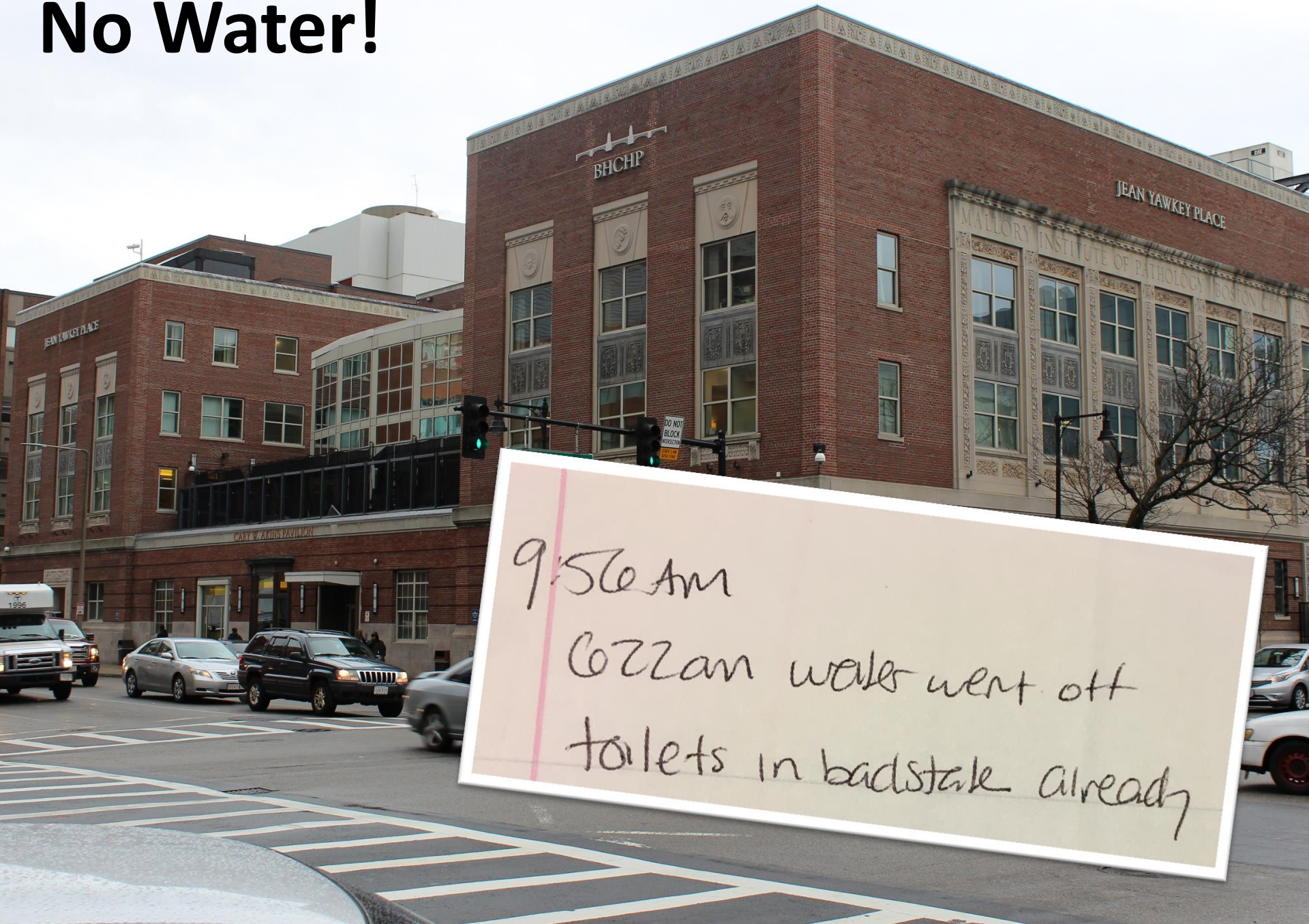
Response & Recovery Role



Saturday in October



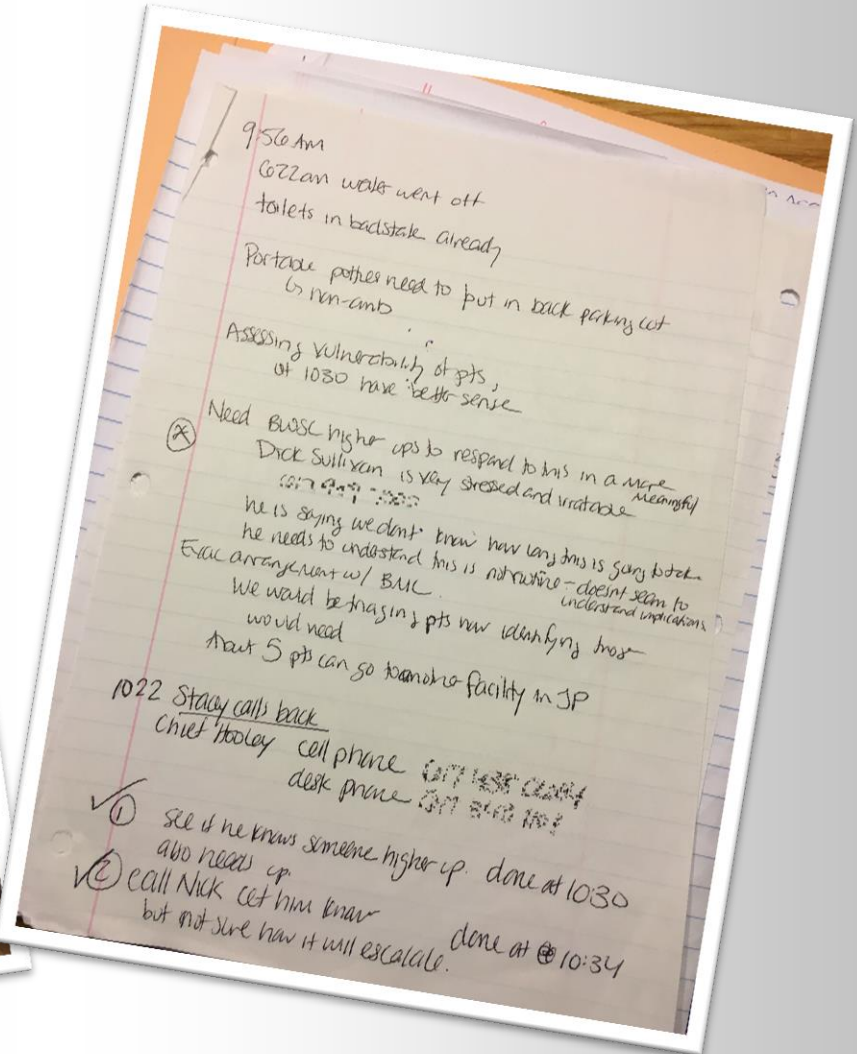
No Water!



9:56 am

6:22 am water went off
toilets in badstake already

Think Quick...



9:50 AM

Cozzan water went off
toilets in backstage already

Portable potties need to put in back parking lot
↳ run-amb

Assessing vulnerability of pts,
at 1030 have better sense

(X) Need BUASC higher-ups to respond to this in a more ^{meaningful}
Dick Sullivan is very stressed and irritable

he is saying we don't know how long this is going to last
he needs to understand this is not routine - doesn't seem to
Eric arrangement w/ BAC understand implications

We would be taking in pts now identifying those
would need

that 5 pts can go to rehab facility in JP

1022 Stacy calls back

Chief Hooley cell phone 607 133 2244
desk phone 607 500 1000

✓ ① see if he knows someone higher up. done at 1030
also needs up

✓ ② call Nick get him know
but not sure how it will escalate. done at @ 10:34

Three Hours

9:41am – 12:56pm



3 emails



26 phone calls



64 text messages



Boston ESF 8

1 Public Health

- ~1,000 employees

1 Municipal Ambulance Service

- Over 350 EMTs & Paramedics
- 16 Stations

24 Community Health Centers

20 Licensed Hospitals

- 6 Level 1 Trauma Centers
- 12 Acute Care

Expansive Long Term Care, Home Health, Specialty Care, Mental Health



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Medical Intelligence Center



1. Situational Awareness
2. Resource Coordination
3. Human Services Coordination

Duty Officers



- Ask the right questions
- Recommend actions
- Rapidly assess situation
- Initiate plans & processes

The Challenge

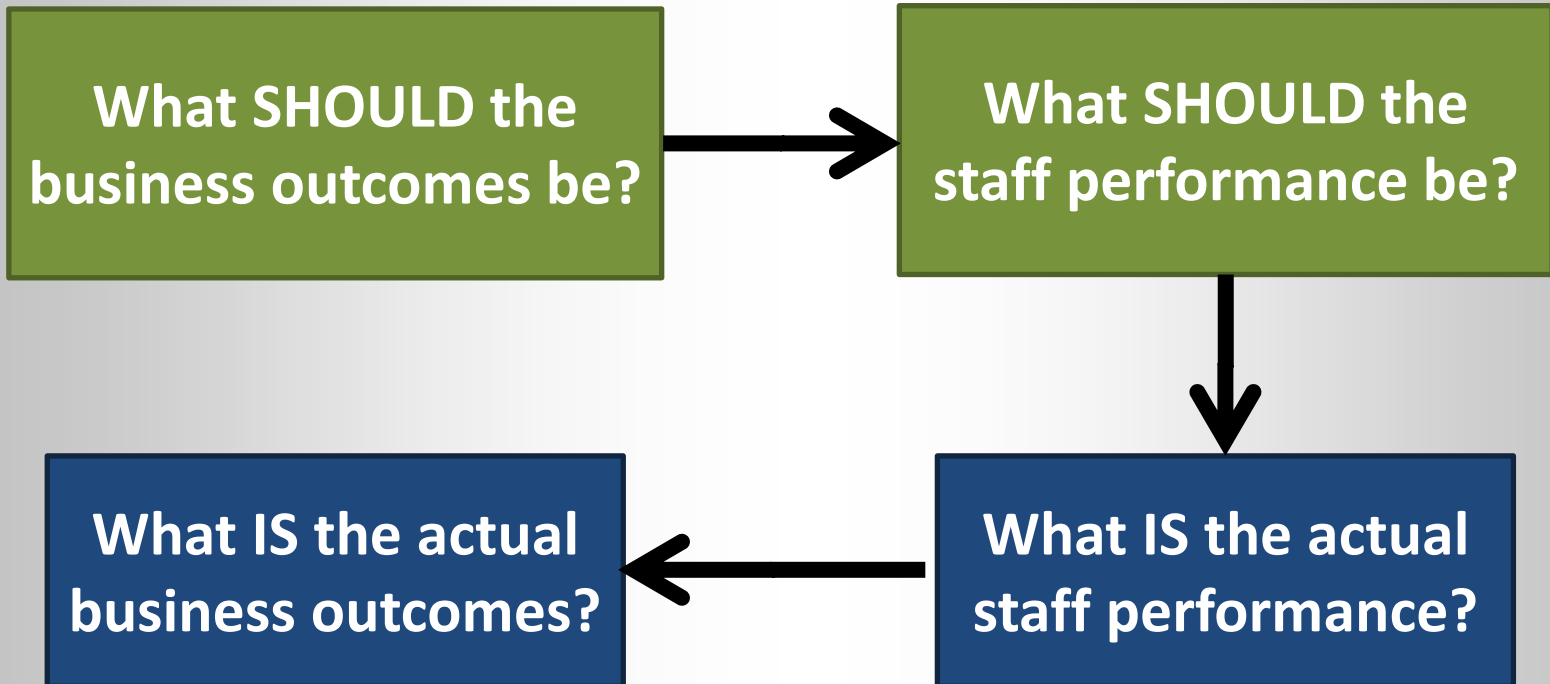
- Different than daily role for most
- Unfamiliar equipment and platforms
- Complex information gathering and decision-making
- Limited time for training & exercises



Performance Improvement

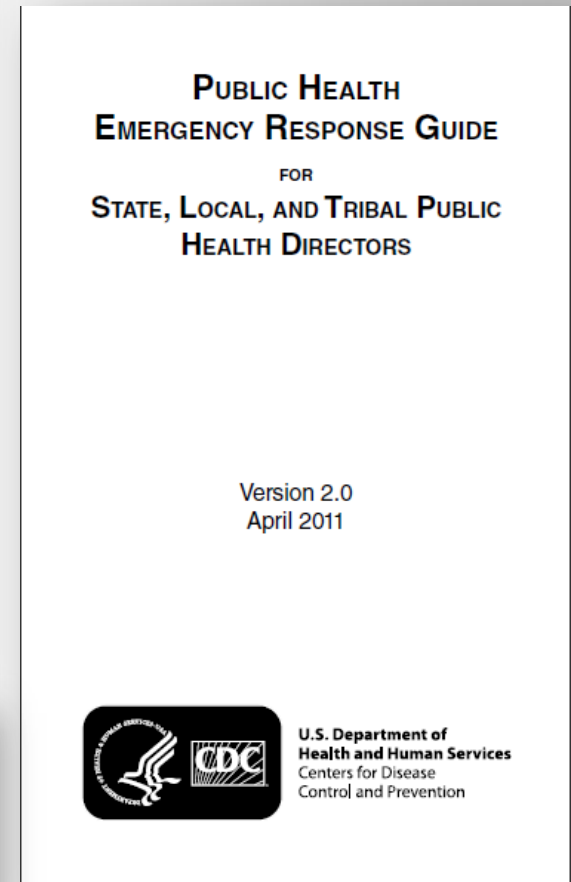
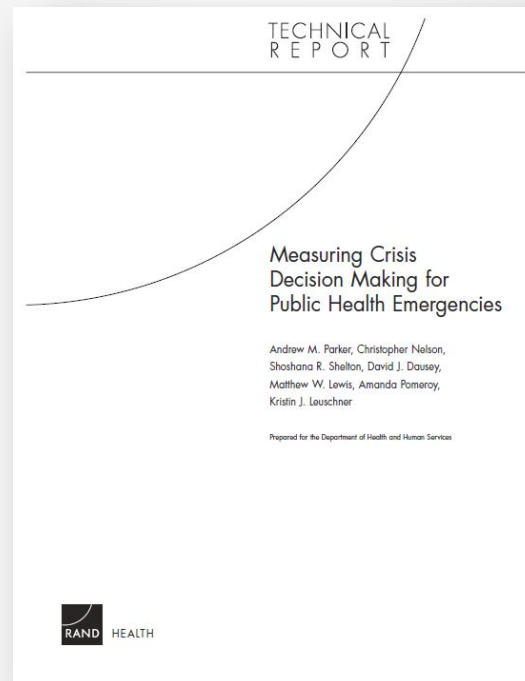
“Business”

Employee



****Staff performance = accomplishments and behaviors***

Drawing from Other Models



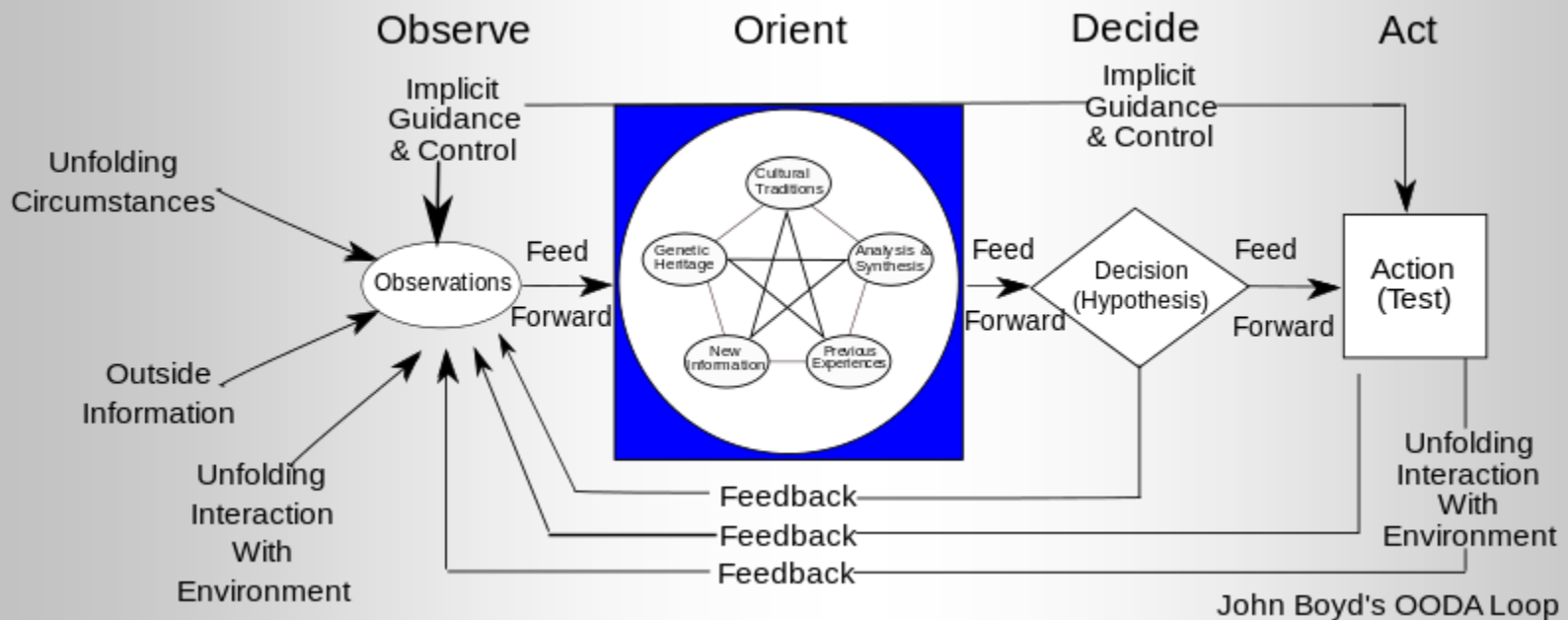
in Disaster Medicine

CONCEPTS

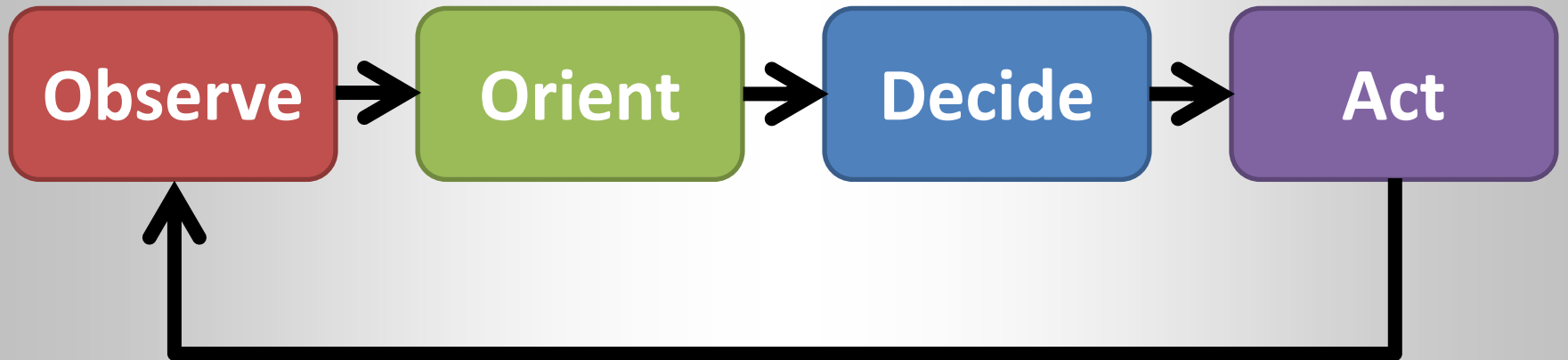
A Framework for Training Public Health Practitioners
in Crisis Decision-Making

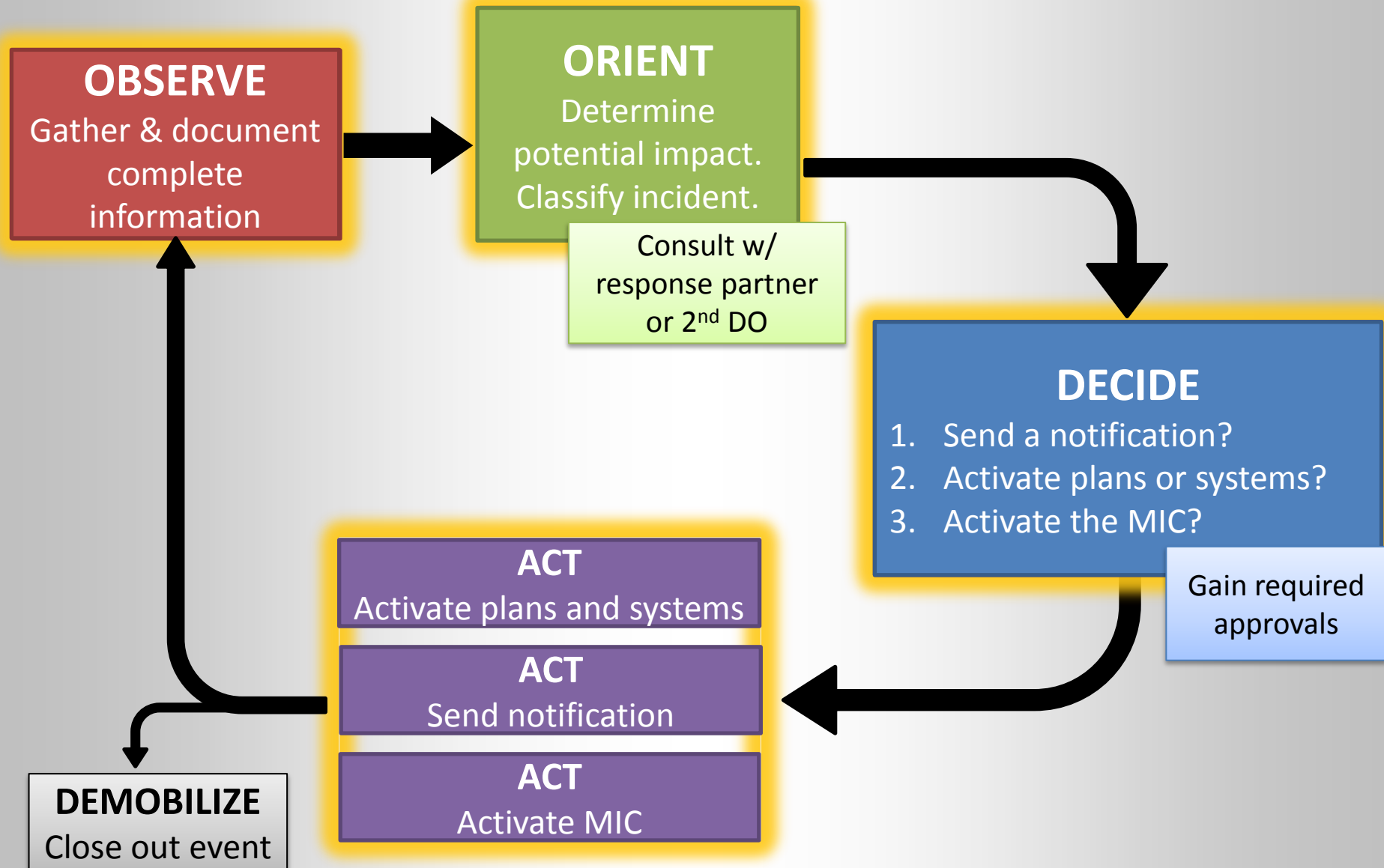
Harvey Kayman, MD, MPH; Tea Logar, PhD

OODA Loop



OODA Loop





Job Aid: Observe

OBSERVE – Questions by Incident Type

Date: _____ Incident Start Time: _____ Initial Notification Time (to BPHC): _____	
Incident End Time: _____	
Initial notification received by:	Initial Point of Contact
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> BPD Alert <input type="checkbox"/> Pager <input type="checkbox"/> Other: _____	Name: _____ Position: _____ Phone: _____ Email: _____ Incident location: _____ Cause of event: _____
Incident Type(s):	<input type="checkbox"/> Infrastructure (ESF 8) <input type="checkbox"/> Mass Casualties <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Infrastructure (Not ESF 8) <input type="checkbox"/> Security Threat <input type="checkbox"/> Disease

General REMINDER: Do not disseminate sensitive information

Question	Answer	Source	Credible / Verified?
# of patients (or potential patients)			
Severity and types of injuries? (e.g., lacerations, bullet wounds, crush injuries, etc.)			
Anticipated duration of the incident			
Other agencies currently responding			
Actions taken to address incident (e.g., EMS on-scene, evacuation occurring, etc.)			
What specific ESF 8 facilities are affected?			
What ESF 8 facilities may potentially be affected?			
What special populations are affected? (e.g., language, age, medical issues, socio-economic...)			
Is transportation or travel disrupted? How?			
Has this incident received media attention?			
How will current and forecasted weather conditions affect the situation?			
Have ESF 8 agencies been notified? Who, how?			

Hazardous Materials ***Notify Environmental Health immediately***

Question	Answer	Source	Credible / Verified?
Is the substance known? If yes, what is it?			
Are there any contaminated casualties? If so, has patient decontamination been performed?			
Has a HAZMAT Response Level been designated by BFD?			
What geographical area is affected?			
Is any evacuation or shelter in place ordered?			

Job Aid: Orient

ORIENT – Assess potential impact and classify

POTENTIAL IMPACTS

Red = Major Impact
Purple = Potentially Major

NOTES

Healthcare System Impacts

☐ Surge of Patients (Boston)
Actual, # Potential, # Dead

- ☐ Phase 2 (11-30 pts)
- ☐ Phase 2 (11-30 pts) w/ specialty pts (e.g. burn patients, children, radiation exposures)
- ☐ Phase 3 (31-50 pts)
- ☐ Phase 4 (51-200 pts)
- ☐ Phase 5 (> 200 pts)
- ☐ Contaminated patients

☐ Access to Health Care

- ☐ Roadway access to HCF blocked
- ☐ Subway access blocked
- ☐ Travel restrictions

☐ Provision of Health Care services

- ☐ Not accepting ED pts
- ☐ Non-critical functions disrupted
- ☐ Staffing availability
- ☐ Multiple facilities affected
- ☐ HCF partial evacuation
- ☐ HCF evacuation
- ☐ Critical functions disrupted

Public Health Impacts

☐ Provision of Public Health services

- ☐ BPHC Facility impacted (e.g. building integrity, building safety and security, utilities, building occupants)
- ☐ Critical functions impacted: (list)

☐ Health of the public

- ☐ Large # people impacted (pts & witnesses)
- ☐ Contaminated environment (e.g. unsafe air, water, food, property)
- ☐ Actual or potential transmission of disease (highly pathogenic, BT Agent, etc.)

Other Impacts

☐ Public information

- ☐ MHC receiving many inquiries from press or our partners
- ☐ Large amount of media coverage
- ☐ Inaccurate or unclear information, rumors

Classify Incident

Classification	# Potential Patients	Potential Disruption to ESF 8
<input type="checkbox"/> Major	Significant number (MCI Phase 2 w/ specialty, or MCI Phase 3 or above)	Major (TBD)
<input type="checkbox"/> Moderate/ Minor	Minor to moderate number (MCI Phase 2)	Moderate (TBD)
<input type="checkbox"/> Informational	Little to none (MCI Phase 1)	Little to none
<input type="checkbox"/> Developing/ Unknown	Unclear	Unclear

Job Aid: Decide

DECIDE – Based on classification incident type, determine MIC actions

Classification	Notifications	MIC Activation	Potential Plans & Systems
Major	Immediate <input type="checkbox"/> Phone Call to COBTH EM Coordinator <input type="checkbox"/> Page MDPH Duty Officer <input type="checkbox"/> Everbridge high-priority alert (email, SMS) to OPHP staff, COBTH EM Coordinator <hr/> MIC Alert/Advisory <input type="checkbox"/> Alert or Advisory to MIC Advisory Distribution List via business email, SMS text, and business phone; <u>confirmation required</u> .	Level 2: Partial -or- Level 3: Full Physical *See steps below	Systems <input type="checkbox"/> WebEOC Create an incident in the City of Boston WebEOC <input type="checkbox"/> EMTrack <input type="checkbox"/> MassMAP Plans <input type="checkbox"/> BPHC EOP <input type="checkbox"/> Family Reunification Plan
Moderate/Minor	Initial Notification <input type="checkbox"/> Email via Everbridge or the MIC email account to all OPHP staff, COBTH Emergency Management Coordinator <input type="checkbox"/> Hospital impacts: Phone call to the COBTH Emergency Management Coordinator <hr/> MIC Advisory (if necessary) <input type="checkbox"/> Advisory to MIC Advisory Distribution List via business email only. No confirmation of receipt is needed.	Level 1: Enhanced Virtual	Systems <input type="checkbox"/> WebEOC Create an incident in the City of Boston WebEOC
Informational	No notification required.	Steady State	No action required.
Developing/Unknown	Initial Notification (if necessary): <input type="checkbox"/> Email via MIC email to OPHP staff, COBTH Emergency Management Coordinator <input type="checkbox"/> Hospital impacts: Phone call to the COBTH Emergency Management Coordinator	Steady State	No action required.

Steps to Physical MIC Activation (Level 2 or Level 3)

- ☐ Convene and facilitate a conference call with all available MIC Duty Officers
- ☐ Assess OPHP availability to staff the MIC utilizing Everbridge Mass Notification
- ☐ Develop an initial MIC Operations Plan to be disseminated
- ☐ Activate and set-up the MIC
- ☐ Staff the Boston Emergency Operations Center (EOC), ESFB Desk

Saturday in October



FORCES OF
CHANGE:

CAPABILITIES,
INNOVATION,
& PARTNERSHIPS

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Thank You

To download the job aids and key references:

<https://delvalle.bphc.org/dutyofficer>

For more information, contact
delvalle@bphc.org



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Key References

- Centers for Disease Control and Prevention (2011). *Public health emergency response guide for state, local, and tribal public health directors*. Retrieved from <https://emergency.cdc.gov/planning/responseguide.asp>
- Kayman, H. & Logar, T. (2016). A framework for training public health practitioners in crisis decision-making. *Disaster Medicine and Public Health Preparedness*, 10, 165-173.
- Minarcine, S. (2012). Health security intelligence: Assessing the nascent public health capability (Unpublished Master's Thesis). Naval Postgraduate School, Monterey California.
- Parker, A.M., Nelson, C., Shelton, S.R., Dausey, D.J., Lewis, M.W., Pomeroy, A., & Leuschner, K.J. (2009). *Measuring crisis decision making for public health emergencies*. Santa Monica, CA: RAND Corporation.
- Pritchett, B.A. (2008). *Qualia: A prescription for developing a quality health threat assessment* (Unpublished Master's Thesis). Naval Postgraduate School, Monterey California.
- Robinson, D.G. & Robinson, J.C., Phillips, J.J., Phillips, P.P., & Handshaw, D. (2015). *Performance consulting: A strategic process to improve, measure, and sustain organizational results*. Oakland, CA: Berrett-Koehler.