NURSES IN EMERGENCY MANAGEMENT

WHO YOU GONNA CALL?

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ABOUT ME

• Started in EMS at age 17 (ECA)
  • Grew up in a small community where my family was involved in volunteer fire fighting and everything encompassed in emergency
  • Received LVN through Western Texas College
  • Received ADN through Tarleton State University
  • BSN through Grand Canyon University

AND THEN……

• 911 Happened – Baptism to Emergency Management by FIRE
• 3 Years on the Clark County, Las Vegas Nevada Emergency Management Team
• Returned to hometown became Emergency Manager
SO HAVE YOU EVER WONDERED ..........
IF THE UNTHINKABLE HAPPENED IN – YOUR BACK YARD
• HOW YOU WOULD GET HELP?
• WHO WOULD COME TO HELP?
• WOULD YOUR "PEOPLE WORK WITH THEIR PEOPLE"?
• WOULD YOU KNOW WHAT TO DO?
• WOULD YOUR "PEOPLE EVEN SHOW UP"?

NEARLY EVERY TYPE OF DISASTER WILL NEED NURSES!!
• Lets face it, NURSES will be needed.
• How many nurses have the training to perform?
• How many are prepared to deploy? OR WORK AT HOME?
• And how does your organization survive the first 96 hours of a disaster if nurses aren’t prepared?
TODAY I HOPE I CAN HELP YOU AND YOUR ORGANIZATION NOT ONLY SURVIVE THE FIRST 96 HOURS BUT ALL OF THE DISASTER.
HOW? BY MAKING SURE THAT YOU ARE PREPARED BY HAVING STAFF THAT IS PREPARED!

ARE YOU THE EMERGENCY MANAGER?
• If so do you know what your responsibility is in the role?
• When you can not maintain operations or the care required for incoming patients – Do you know who your next call is?
• Are you actively participating with a Hospital Preparedness Coalition or other Disaster Preparedness Organization?
• If so do you have your partners contact numbers or even know how to request help from them?
• And how many emergency management trained nurses do you have? And do they work in more than one place? (21%) work for more than one employer.
LET'S LOOK FIRST AT YOUR ROLE

- ASPR passed new regulations in 2016 as a requirement of reimbursement.
  - Everyone wrote plans
    - Did everyone exercise those plans?
      - What were your weaknesses?
      - In your exercise did you actually have good participation and employee buy in?
      - Did you truly TEST YOUR RESOURCES?
    - Without the active participation and ears that are listening to make changes – YOU DO NOT KNOW HOW YOUR ORGANIZATION WILL PERFORM ON THE DAY.

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WHEN YOU CAN NOT CONTINUE- WHO DO YOU CALL?

- Depending upon your organizations plan, you may request resources from you local assets first. Do you know who they are?

  ALL DISASTERS ARE LOCAL FIRST AND LAST.

  - Medical Reserve Corp – Local Resources made up of retired or non working physicians, EMTs, Paramedics and nurses with training
  - Hospital Preparedness Coalition/RAC – Regional Resources that are requested through proper channels originating in the Local jurisdiction (your neighbors)
  - Medical Task Force – State Resources requested through District Disaster Coordinators and State Operations Centers

  These assets may be requested at your Incident Commanders request through your local emergency management either City or County or through your Hospital Preparedness Coalition or District Disaster Coordinator.

WHAT HAPPENS WHEN HELP ARRIVES?

- This is where the bricks fall down.
  - As Emergency Management officials we expect that "our people know how to work with your people"
  - As many as 90% of working nurses today have little to no training in emergency management or disaster response. The four most commonly used books in Nursing Programs contain at most a chapter to two in emergency response (Caudill 2011)
    - That being said when an Emergency Medical Task Force is deployed to a disaster it may be difficult for non trained nurses to work and understand the thought processes or language of those with working knowledge of disaster.
BOOTS ON THE GROUND

• Nurses have always been expected to perform in disasters.
  • But in all reality we have flown by the seat of our pants.
  • Nursing schools DO NOT focus on what you need in a disaster – especially in today’s schools when the number coming out appears to be more important than the quality or knowledge graduating.
  • SOOOOOO… they graduated nursing school an incident occurs nearby and they rush to help.
    • They don’t know a chain of command, about staging, about unaffiliated volunteers, proper PPE, NIMS or any of the other preparedness requirements — but they want to help.

THE STATISTICS

IN 2014 THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS READINESS EVALUATION GAVE THE AMERICAN HEALTHCARE SYSTEM C- IN DISASTER PREPAREDNESS.
IN THE LAST DECADE THERE HAS BEEN A 60% INCREASE IN DISASTERS.
WORLD WIDE 2 MILLION PEOPLE LOST THEIR LIVES DUE TO DISASTER
4.2 MILLION PEOPLE WERE INJURED
(International Red Cross Report 2015)

HOW MANY OF YOUR NURSING STAFF ARE NIMS OR HEICS COMPLIANT?

• In the event of a disaster or emergency response if nurses and others do not have a basic knowledge of the ICS system not only are they going to be lost by terminology but it could place someone in harm.
  • Lets face it in disaster mode there are more combinations of the Alphabet thrown around and not in word form than most people could even imagine … while the push is there for plain language, lingo is lingo.
  • How many of your nursing leadership could set up or operate your EOC? The same people can not work 24/7 in a disaster! And can they communicate effectively with outside resources? Do they know where in the disaster response the healthcare system lies?
ABC AND 1,2,3

- Let's face it in a big event outside resources are coming, if your staff and nurses don't have at least a working knowledge of where to find what they don't understand they are going to be lost.

Think about the first time you went to any Emergency Management Class and the Acronyms started flying - did you go into flight mode about the language being spoke around you.

NOW THINK THAT YOU ARE ON THE FRONTLINE - IN THE SAME SITUATION AND EXPECTED TO PERFORM!!!

HOW COMFORTABLE IS THAT?

THE HISTORY

- Since the days of Florence Nightingale nurses have been on the front lines in responding to disaster.
- But even Florence received some training before taking care of wounded soldiers.

TODAYS NURSES ARE NOT EXPECTED TO JUST RECOGNIZE AND TREAT A WOUNDED SOLDIER!!
- They are expected to recognize latent symptoms of multiple types of threats: Biological, Chemical, Radiological, Nuclear, and types of symptom groups to report.

WHY DO NURSES NEED BASIC TRAINING IN EMERGENCY RESPONSE?

- In the world we live in today disasters of epic scopes are taking place at a alarming rate:
  - Hurricanes: Harvey, Michael and Florence
  - Mass Casualty Incidents: The Pulse Night Club shooting, Las Vegas concert shooting, Sutherland Springs
  - Infectious Disease: Ebola, Influenza, and now Measles
  - It is the common terminology that allows for effective communication between all entities.
TODAY’S WAR

- Todays war ground could very possibly be in your back yard.
- How many nurses do you have that can perform in the Mass Casualty Incident?
  - Staging
  - Triage
  - Placing Tourniquets
  - Knowing how to preserve the evidence
  - Knowing the resources in your area to call to for transport / higher levels of care/etc.

WOULD YOUR NURSES RECOGNIZE?

- Signs and symptoms of the 7 most recognized biological agents known to man - - - that can also be weaponized?
  - Plague – would they know that it is naturally occurring in specific areas?
  - Botulism – progressive may be difficulty swallowing?
  - Smallpox vs chicken pox- the different patterns?
  - Anthrax- naturally occurring in certain Ag areas
  - Hemorrhagic fevers – appropriate levels of PPE
  - Tularemia – naturally occurring carried by deer ticks

WOULD THEY KNOW WHO TO REPORT TO?

WHAT ABOUT CHEMICALS?

- When was the last time you drilled HAZMAT or a decontamination scenario?
  - What chemical did you use?
    - Was it a common one - One common in your area?
    - Who all participated in your decontamination?
      - Emergency Department Nurses
      - Medical floor nurses/ Surgical Nurses/OB Nurses
      - Housekeeping
      - Security
      - Facilities or Ground Maintenance

- EACH OF THESE DEPARTMENTS SHOULD KNOW HOW TO RESPOND
EMERGENCY DEPARTMENT NURSES

- Although when we think about decontamination usually the Emergency Department comes to mind – but in a large scale event those nurses may be caring for the casualties of the contamination.
- Medical / Surgical or OB nursing departments and non-nursing departments may be the HAZMAT crew.
  - Have they had even a basic DECON class?
    - NIOSH and OSHA state that to perform decontamination in a PAPR suit all individuals must have 8 hours of decontamination training YEARLY.
  - Do they know how or what level PPE to use? Or where to find that information? EX: North American Emergency Response Guide, WISER

This is just one instance where having to call someone may be too late!

HOW MANY OF YOU HAVE MEMORANDUMS OF AGREEMENT WITHIN YOUR PREPAREDNESS ORGANIZATIONS?

- Have you ever thought that in the event that THE EVENT does not happen in your backyard that you have to know how to respond in order to help your neighbor?
- In order for your nurses to respond/deploy to a disaster they should be required to have ICS 100,200,700,800 minimally (Computer accessible FEMA EMI)
- Without these classes and with self deployment they not only endanger themselves but also those around them and may be sent home.

DO YOU KNOW THAT IN ORDER TO BE NIMS COMPLIANT FOR CMS EVERYONE IS SUPPOSED TO HAVE A WORKING KNOWLEDGE?

ONLY EMERGENCY DEPARTMENT NURSES NEED TRAINING!

NO!!!!!!!

In the world we live in today any nurse may be a front line responder...

Psychiatric  Pediatric  Oncology
Geriatric  Obstetrics

What about those vulnerable populations- do we make them more vulnerable?

Disaster can happen in any venue!!
THINK ABOUT IT - HOW MANY NURSES EVEN HAVE STOP THE BLEED OR EQUIVALENT TRAINING?
• As scary as it is to think -- we all know that we lose skills that we do not use --- and if you don’t know the basics of even stopping bleeding what then?
• Take a survey when you get home of your nurses ask them simple questions:
  • Where is the Emergency Management plan found?
  • What is Incident Command?
  • Who is in charge of the EOC?
  • Who is the county or city Emergency Manager?
  • Who and where do you report during a disaster?
• By doing this you will be able to assess where the weakness lies.

HOW DO WE GET THERE
• Have NIMS or HEICS training built into parts of general orientation
  • For those that show interest provide the information about where to obtain or get more information:
    • FEMAGOV
    • EMI training institute
    • Local trainings
    • Exercises / Drills
• Build your team – when the day comes be able to perform like a well oiled machine – someone’s day will depend on it and it may be you.

WHY WILL THEY WANT TO HELP?
• FIRST and foremost nurses are in the profession to help!
  • If you show them how being prepared not only protects the organization but themselves, their loved ones and their communities – it becomes a investment.
  • Involve them in planning – nurses can make some stuff happen and have avenues of thought that are useful, make them feel useful.
  • Recognize those who do the work and obtain the training. (Everyone likes a pat on the back sometimes!)
Having a basic knowledge about emergency response does not have to be just about the bad guy that wants to hurt others - it might occur from an accident, a natural disaster or a large scale public gathering!!!

In any of these events nurses with knowledge will be needed to direct care, to request supplies, to know when their teams can not go any further and ORGANIZE A COORDINATED RESPONSE.

WILL THEY BE PREPARED?
WILL YOUR ORGANIZATION BE PREPARED?