

TRAINING MANUAL

Preparing Hospitals and Clinics for the Psychological Consequences of a Terrorist Incident or Other Public Health Emergency

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County of Los Angeles
**Department
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Preface: About This Training Manual

Terrorist attacks, natural disasters, and other large-scale public health emergencies such as severe acute respiratory syndrome (SARS) or pandemic flu can result in a large number of psychological casualties. Large-scale disasters can stress the capacity of hospitals and clinics to deal with the psychological consequences of the events for patients, families, and staff members. These health care facilities usually have general disaster plans for dealing with the medical consequences of public health emergencies. However, most of their disaster plans do not address the psychological consequences of such events. Throughout this training, we refer to the *psychological* consequences of a disaster. By *psychological* we mean the emotional, behavioral, and cognitive reactions that could result from a terrorist or other public health event.

This training manual is designed to fill the gap by providing a curriculum that can be used to train hospital and clinic staff about how to prepare for and respond to the psychological consequences of large-scale disasters. The training has three modules that are intended to be used either as stand-alone (module 1 for one hour of training) or in combination (both modules 1 and 2 for two hours of training) depending on the facility and audience needs:

1. An overview module designed for administrative and disaster planning and response staff in hospitals and clinics.
2. A module designed for clinical, mental health, and non-clinical staff in hospitals and clinics.
3. A module designed specifically for disaster mental health staff in Los Angeles County. This module is not included in your manual but is available on the County Web site (see below).

The materials in this manual are intended to be flexible so that hospital and clinic disaster coordinators can tailor a training session to the needs of local staff. All trainer, participant, and self-study materials (for modules 1 and 2), as well as various tools described in the manual, are downloadable from the accompanying CD or the Los Angeles County Web site: www.ladhs.org/ems/disaster/trainingIndex.htm. Materials for module 3 are available only on the County Web site. To help hospitals and clinics make arrangements to provide continuing education credit for the course, the post-tests for all of the modules are posted on the Web site.

Comments on these materials should be directed to the principal investigator of the RAND team, Lisa Meredith (Lisa_Meredith@rand.org). She may also be reached by mail at the RAND Corporation, 1776 Main Street, P.O. Box 2138, Santa Monica, CA 90407-2138. Comments or questions about the training and accreditation process should be directed to the county project lead, Sandra Shields (sanshields@ladhs.org). She may also be reached by mail at Los Angeles County Department of Health Services, Emergency Medical Services Agency, 5555 Ferguson Drive, Suite 220, Commerce, CA 90022-5152.

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Module 2: Training for Clinical, Mental Health, and Non-Clinical Staff

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Acronyms

ASD	Acute Stress Disorder
BCD	Board Certified Diplomate
BSI	Brief Symptom Inventory
CBT	Cognitive Behavioral Therapy
CDC	Centers for Disease Control and Prevention
CISD	Critical Incident Stress Debriefing
CISM	Critical Incident Stress Management
DHS	Department of Health Services
DMH	Department of Mental Health
DSM-IV	Diagnostic Statistical Manual, Version IV
EAP	Employee Assistance Program
ED	Emergency Department
EMDR	Eye Movement Desensitization and Reprocessing
EMS	Emergency Medical Services
ER	Emergency Room
FNP	Family Nurse Practitioner
HCW	Health Care Worker
HEAR	Hospital Emergency Administrative Radio
HICS	Hospital Incident Command System
ICU	Intensive Care Unit
LCSW	Licensed Clinical Social Worker
LMFT	Licensed Marriage and Family Therapist
MH	Mental Health
MHA	Master of Health Administration
MICN	Mobile Intensive Care Nurse
MN	Master of Nursing
NCPTSD	National Center for Posttraumatic Stress Disorder
NCTSN	National Child Traumatic Stress Network
NIMH	National Institute of Mental Health
PFA	Psychological First Aid
PIO	Public Information Office
PPE	Personal Protective Equipment
PTSD	Post-Traumatic Stress Disorder
RDD	Radiological Dispersal Device
REPEAT	Readiness for Events with Psychological Emergencies Assessment Tool
SAMHSA	Substance Abuse and Mental Health Services Administration
SARS	Severe Acute Respiratory Syndrome
SMI	Severely and Persistently Mentally Ill
WMD	Weapons of Mass Destruction

Introduction and Overview

Beginning in 2002, the County of Los Angeles/Department of Health Services Emergency Medical Services (EMS) Agency received Hospital Preparedness Program grant funding through the U.S. Department of Health and Human Services. This grant program is part of a multiyear, nationwide effort to enhance the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies.

The Hospital Preparedness Program grant contains a number of benchmark goals aimed at increasing the preparedness and surge capacity of hospitals and health clinics in Los Angeles County. One of the benchmark goals specifically addresses the need to train hospital and clinic personnel to recognize, treat, and refer patients exhibiting psychological health consequences related to bioterrorism and other public health emergencies. To help meet this goal, the Los Angeles County EMS Agency contracted with the RAND Corporation for an initial 1-year project to study the psychological health consequences of bioterrorism and other large-scale public health emergencies. EMS also provided RAND with funding to use results of this study to develop disaster plan training curricula and tools.

RAND worked closely with the EMS agency and with key partners from the County of Los Angeles Department of Public Health Emergency Preparedness and Response Program and the Department of Mental Health, Disaster Services, to develop these training materials. The RAND research from which the materials are drawn included interviews with hospital and clinic staff, literature reviews, government documents, input from experts, and pilot testing. We selected resources on the basis of work carried out as part of a 1-year evaluation to inform the development of this training. In the evaluation, we undertook three types of effort: 1) in-person semi-structured interviews at four health services provider organizations in Los Angeles County (an acute care community hospital with inpatient psychiatry, an acute care hospital without inpatient psychiatry, a children's hospital, and an inner city outpatient clinic); 2) telephone interviews with health officials and medical staff in Washington, DC and Toronto, Canada, to learn from the SARS and anthrax events; and 3) review of approximately 250 articles, documents, and resources to identify and consolidate existing knowledge of mental health aspects of such events. We sought to identify and train on the strategies that are well-supported by scientific studies. However, in some cases, like with psychological first aid (PFA), the strategies have not been formally evaluated. Still, these are the best strategies we have currently. These are informed by other evaluated approaches and have been adapted for the disaster mental health content.

The overall goal of this effort is to give Los Angeles County hospitals and clinics the tools they need to address the psychological reactions of staff, patients, and the community to a large-scale public health emergency. This manual provides protocols, templates, and tools that clinic and hospital staff can use to better prepare their facility and to follow in addressing psychological casualties after an event.

Module 1: Training for Administrative and Disaster Planning and Response Staff (1 hour)

Content. This training module illustrates the importance of preparedness by walking participants through selected real events (severe acute respiratory syndrome (SARS) in Toronto; a sarin attack in Tokyo, Japan; and an anthrax attack in Washington, DC), emphasizing how the events sharply

increased demand for psychological services. Specific examples are provided for how mental health professionals can support hospital and clinic staff in their jobs. The module provides an overview of key concepts and tools, and includes interactive lessons using brief hypothetical situations (radiological dispersal device or “dirty-bomb” and pandemic-influenza or “pan-flu” scenarios).

Intended Audience. The module is intended for administrative staff and those staff responsible for disaster planning and response in clinics and hospitals but may also be informative for all types of staff. These staff are typically administrators, but may include medical and mental health clinicians, or safety and quality staff.

Module 2: Training for Clinical, Mental Health, and Non-Clinical Staff (1 hour)

Content. This second training module is for clinical, mental health, and non-clinical staff who work in hospitals and clinics. This module emphasizes how mental health staff can best work with and support medical staff in preparing for and responding to large-scale events that result in a surge of psychological casualties. It incorporates information on integrating mental health into disaster preparedness and response, including how to address cultural and structural barriers within the facility. The module describes psychological “triggers” and associated reactions and illustrates how to make the best use of mental health staff by reviewing key locations vulnerable to psychological effects. The module focuses on use of evidence-informed practices, techniques, and tools for addressing the psychological needs of various populations (patients, families, and facility staff).

Intended Audience. This module is intended for clinical, mental health, and non-clinical staff in clinics and hospitals who may interact with large numbers of patients, families, and staff during a disaster. Clinical and mental health staff include physicians, nurses, psychiatrists, social workers, licensed marriage and family therapists (LMFTs), psychiatric nurses, psychiatric technicians, psychologists, chaplains, and employee assistance program (EAP) staff. Non-clinical staff who may also benefit from this training include reception clerks, security personnel, and volunteers.

Module 3: Training for County Disaster Mental Health Staff (2 hours)

Content. This additional two-hour module is available (on the County Web site) for mental health clinicians who are dispatched to the field during disasters. This module provides an overview of hospital and clinic culture for disaster response workers and reviews worker functions and reporting roles. Part of the module focuses on interacting and intervening with patients, family members, and hospital and clinic staff, including those from various cultures. Psychological reactions and interventions to target specific population needs are addressed; the module includes interventions for needs immediately after an event and for a more sustained response. The module concludes with an interactive session for small groups to discuss best practices in providing early intervention and follow-up care for those identified as having mental health needs.

Intended Audience. This module is intended for disaster mental health specialists who work for the Los Angeles County Department of Mental Health.

Appendix: Tools and Resources

Tools

In this binder we provide the following tools:

- Definitions of Selected Medical Concepts and Countermeasures
- the HICS Mental Health Unit Leader Job Action Sheet
- the HICS Employee Health & Well-Being Unit Leader Job Action Sheet
- Recommended Actions for Preparing Facilities to Address the Psychological Aspects of Large-Scale Emergencies
- Algorithm for Triageing Mental Health Needs
- Readiness for Events with Psychological Emergencies Assessment Tool (REPEAT)
- Health care facility posters
- Psychological First Aid (PFA)
 - Tips for Talking with Adults
 - Tips for Talking with Children
 - Reference card
 - NCPTSD handouts
- Four Scenarios for “Break-Out” Sessions.

Resources

We provide copies of brochures and tip sheets for survivors and workers from **Substance Abuse and Mental Health Services Administration (SAMHSA)**, all of which can be found in this binder and at the SAMHSA Web site: www.mentalhealth.samhsa.gov/dtac.

- Tips for Emergency and Disaster Response Workers: Managing and Preventing Stress
- Tips for Survivors of a Traumatic Event: Managing Your Stress During a Disaster
- Tips for Survivors of a Traumatic Event: What to Expect in Your Personal, Family, Work, and Financial Life
- Tips for Talking to Children in Trauma: Interventions at Home for Preschoolers to Adolescents
- Tips for Talking to Children After a Disaster: A Guide for Parents and Teachers.

A copy of the PFA tip sheet from the **Uniformed Services University of the Health Sciences (USUHS)** is also included in this binder or at the USUHS web site: www.usuhs.mil.

- Psychological First Aid: Helping Victims in the Immediate Aftermath of a Disaster.

In addition, we include two **SAMHSA** brochures about providing PFA:

- Managing Stress: A Guide for Emergency and Disaster Response Workers
- Psychological First Aid: A Guide for Emergency and Disaster Response Workers.

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