

# Readiness for Events with Psychological Emergencies Assessment Tool (REPEAT)

**Purpose.** REPEAT is designed to help hospitals and clinics assess their capacity to deal with the surge of psychological casualties resulting from large-scale emergencies, (including terrorist incidents, natural disasters, and other public health emergencies). Key members of your facility’s disaster response team (e.g., disaster response coordinators, department directors) should complete this assessment periodically to identify which preparedness and response activities have been implemented. Results can be used to evaluate disaster planning and to identify areas to target for improving the facility’s response capability.

**Instructions.** REPEAT is organized around three structural and four process elements (shown in the rows) that are necessary to ensure an optimal response to a surge of psychological casualties. For each psychological element, we provide an example for each level of implementation. Select the example and associated score, then circle the answer that comes closest to describing your facility’s current capacity. Each team member circles the point value that he or she believes corresponds to the facility’s level. After each individual team member completes the assessment, the entire team should review the individual ratings and agree on an assessment. Rate each element from 0–2: “0” indicates no implementation, “1” indicates some implementation, and “2” indicates full implementation. At the end of each section, enter the total score for that section. Then enter the score for your overall level of preparedness. Finally, review the assessment to identify areas that need attention (scored as 0) or that need strengthening (scored as 1).

Psychological Element	Full Implementation (Score = 2)	Some Implementation (Score = 1)	No Implementation (Score = 0)	Your Score and Areas to Improve		
<b>Structure</b>						
<b>Internal organizational structure and chain of command</b>	<ul style="list-style-type: none"> <li>The leadership recognizes the need to address psychological consequences</li> <li>A disaster plan includes mental health (MH) in the incident command structure/job action sheets</li> <li>A deployable multidisciplinary MH team is formed (psychiatrists, psychologists, social workers, LMFTs, psychiatric nurses, technicians, chaplains, EAP)</li> <li>Clear roles are identified for direct MH services to survivors, family, and staff</li> <li>A lead is designated for public information efforts and media interface related to MH issues</li> </ul>	Some of these structures are in place to address psychological consequences	There is no infrastructure to address psychological consequences	2	1	0
<b>Resources and infrastructure</b>	<ul style="list-style-type: none"> <li>Agreements with Disaster Resource Center group, or other local organizations and/or County Department of Mental Health</li> <li>The disaster plan is reviewed to ensure availability of adequate MH staffing and resources</li> <li>A resource list is available with information on whom to contact (county DMH)</li> <li>Disaster supplies (PPE, medications, or other equipment) are available to reduce personal risk</li> <li>The facility can handle an MH surge at least four times the number of physical casualties (including waiting areas for family)</li> </ul>	Some but not all resources that would be needed for addressing MH are available	Resources available are inadequate should a disaster occur	2	1	0
<b>Knowledge and skills</b>	<ul style="list-style-type: none"> <li>MH staff are trained for roles in command structure and familiar with job action sheets</li> <li>Staff are educated about MH risks/consequences of exposure and about self-care principles</li> <li>MH staff are trained in MH assessment and early psychological intervention—Psychological First Aid (PFA)</li> <li>Volunteers receive basic disaster training</li> <li>Staff receive hands-on training (exercises, drills) to test plans that include MH response</li> </ul>	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
<b>Subtotal REPEAT score (structure: possible range = 0–6)</b>						

# Readiness for Events with Psychological Emergencies Assessment Tool (REPEAT) —continued

Psychological Element	Full Implementation (Score = 2)	Some Implementation (Score = 1)	No Implementation (Score = 0)	Your Score and Areas to Improve		
<b>Process</b>						
<b>Coordination with external organizations</b>	<ul style="list-style-type: none"> <li>• Staff have participated in joint planning with relevant community stakeholders to discuss MH planning issues</li> <li>• A list of MH resources in the community (including county DMH) is available</li> <li>• Alliances have been formed with existing and trusted MH partners; community relationships have been developed (with local churches, etc.)</li> <li>• Provisions have been made for off-site MH care (e.g., at schools, community clinics)</li> </ul>	Some community planning and alliances have been formed or are being formed for MH	No concrete external coordination with the community has taken place	2	1	0
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<b>Risk assessment and monitoring</b>	<ul style="list-style-type: none"> <li>• Screening, risk assessment, and tracking protocols have been developed, including for high MH demand</li> <li>• There are risk monitoring tools for assessing psychological needs of staff (including burnout and exposure to trauma)</li> <li>• Staff know how to follow the MH triage tool to identify those who are in need of psychological intervention</li> </ul>	Some MH risk assessment protocols are in place but not all	No protocol for risk assessment and monitoring has been established	2	1	0
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<b>Psychological support and intervention</b>	<ul style="list-style-type: none"> <li>• MH staff are available and prepared to deliver evidence-informed interventions (including PFA) to those in need of MH support (including patients, family members, and staff)</li> <li>• Mechanisms for reducing the stress associated with social isolation are in place (e.g., because of contagious agents)</li> <li>• A plan is in place for providing MH support after the event, such as on the anniversary</li> </ul>	MH professionals or other hospital or clinic staff can provide basic care in response to psychological reactions	Some staff can provide PFA, but no evidence-based protocol is in place	2	1	0
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<b>Communication and information sharing</b>	<ul style="list-style-type: none"> <li>• MH staff contributed to a comprehensive communication strategy</li> <li>• MH informational/educational materials are developed for dissemination during an emergency (in multiple languages and for special populations)</li> <li>• Preplanned risk communication messages are ready to use to address psychological concern</li> </ul>	A MH communication plan that includes some of the psychological elements exists	No comprehensive communication strategy exists	2	1	0
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<b>Subtotal REPEAT score (process: possible range = 0–8)</b>				-----		
<b>Total REPEAT score (process and structure: possible range = 0–14)</b>				-----		