Abstract Application for CHA Disaster Planning for California Hospitals Conference

September 19-21, 2011
Sacramento, CA

The conference sessions are scheduled for morning and afternoon time slots on Monday, September 19 and Tuesday, September 20. By submitting an abstract we are assuming that you are available during all of these time periods. The exact time and selected presentations will be sent to the speakers in early June.

Abstract Application Submission Deadline: Friday April 1, 2011.

Step 1: Complete application
Step 2: Save application by including your organization’s name in the file name. For example: CHA Abstract Proposal_MercyHospital.pdf
Step 3: Email application to prepare@calhospital.org by Friday April 1, 2011.

1) This abstract is submitted for:
   - Presentation
   - Best Practice Poster Display

   Note: CHA reserves the right to consider your submission for either a presentation or a poster

2) Is your organization a:
   - Hospital (less than 50 licensed beds)
   - Hospital (greater than 50 licensed beds)
   - Health System
   - Government Agency
   - Nonprofit Organization

3) Lead Presenter/Poster Contact Name and Credentials (if applicable):
   Note: Name and credentials will be listed exactly as provided in all conference materials (Jane L. Doe, MD, PhD, MBA)
   Bonnie Arquilla, DO

3a) Title: Director of Emergency Preparedness SUNY Downstate Medical Center and Kings County Hospital Center
   Note: Title will be listed exactly as provided in all conference materials

3b) Organization: SUNY Downstate Medical Center and Kings County Hospital Center, Brooklyn, New York

3c) Mailing Address: 440 Lenox Road, Suite 2m, Box 1260, Brooklyn, NY 11203

3d) Phone Number: 718 270-3216

3e) Email Address: bonnie.arquilla@downstate.edu
4) Co-Presenter 1 Contact Name and Credentials (if applicable):
   Note: Name and credentials will be listed exactly as provided in all conference materials (Jane L. Doe, MD, PhD, MBA)

4a) Co-Presenter 1 Title:
   Note: Title will be listed exactly as provided in all conference materials

4b) Co-Presenter 1 Organization:

4c) Co-Presenter 1 Mailing Address:

4d) Co-Presenter 1 Phone Number:

4e) Co-Presenter 1 Email Address:
   Note: Name and credentials will be used exactly as provided below in all conference materials (Jane L. Doe, MD, PhD, MBA)

5) Co-Presenter 2 Contact Name and Credentials (if applicable):
   Note: Name and credentials will be listed exactly as provided in all conference materials (Jane L. Doe, MD, PhD, MBA)

5a) Co-Presenter 2 Title:
   Note: Title will be listed exactly as provided in all conference materials

5b) Co-Presenter 2 Organization:

5c) Co-Presenter 2 Mailing Address:

5d) Co-Presenter 2 Phone Number:

5e) Co-Presenter 2 Email Address:
   Note: Name and credentials will be used exactly as provided below in all conference materials (Jane L. Doe, MD, PhD, MBA)

6) Presentation/Poster Title:
   Note: CHA reserves the right to alter the title of your presentation

   Pilot Study: The Challenges of Full Scale Radiation Decontamination Drills with Special Needs Populations

7) Presentation/Poster Abstract: Describe what you will present, what will be learned, and how the attendees will apply what is learned:

   Drills are excellent learning tools to test procedures and policies in place prior to actual disasters. It creates a safe learning environment to identify areas that need improvement and situations that could arise during actual disasters in order to address them. Patients with physical disabilities encompass a significant amount of the US population and are likely to be part of a victim group during a disaster. This drill showed how the hospitals were underprepared to handle the victims who had special needs. Further research still needs to be done in this area of special needs victims. For example, obesity, mental disability, and the elderly are among a small sample of special needs populations for which there is virtually no data published in disaster scenarios. This pilot study has demonstrated a clear lack of data in this important field of disaster scenarios and special needs populations. There are many ways to improve the drills currently in order to ensure that in the event of an actual disaster that the special needs populations are treated equally as the healthy and freely mobile population.
8) Presentation Only: Write a brief paragraph about your presentation that can be used in the conference marketing materials, if your presentation is selected.

Note: CHA reserves the right to alter your paragraph for marketing purposes.

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9) Presentation Only: List 3 of your session objectives. Note: All objectives must have actionable verbiage (describe, identify, demonstrate, etc...)

1. The goal was to challenge each hospital to decontaminate the healthy as well as special needs victims.

2. Conduction of the drills then allows the participants to highlight areas that require improvement in the disaster plans.

3. Drills are only valuable when all those participating fully understand the intended goals and seek out to act under the assumption that it is real.

10) Poster Only: Describe what problem or issue your project/practice addressed and what you hoped to accomplish.

It has been established in the field of emergency medicine and disaster medicine that drills are essential for disaster preparation. (Jenckes, et al. 2007; Hsu, et al. 2004; Williams, et al. 2008) Drills are published highlighting lessons learned or challenges faced within various drill scenarios. Conduction of the drills then allows the participants to highlight areas that require improvement in the disaster plans. For drills to be successful and challenge the hospitals systems, all players must agree to participate as if the scenario was real.

These benefits are negated if participants find shortcuts in drills when the situation becomes difficult. There is an artificiality that is created when a drill is a safe environment with actors that are not under actual harm. Drills are only valuable when all those participating fully understand the intended goals and seek out to act under the assumption that it is real. This drill was created with the specific goal of testing the hospitals’ abilities to decontaminate special needs victims.

Another objective that we attempted to achieve was the incorporation of special needs victims into the drill. There is a lack of data demonstrating drill scenarios that have purposefully incorporated special needs populations. A literature search of pubmed did not reveal drills that have been conducted using populations with physical disabilities. Without drills to reveal deficiencies in plans, hospital would be unprepared to assist physical disabled victims during actual disasters.
11) Poster Only: Describe your project. Include examples of planning considerations, resources and materials used, staff involved, etc.

July 21, 2010 a radiation drill was initiated in three hospitals in Brooklyn, NY. The drill scenario was a dirty bomb involving cesium a radioactive material that had exposed a group of 17 civilians including 2 victims in wheelchairs. The focus of the drill was communication, emergency response coordination, resource integration, problem identification and resolution. The objectives were identification of victims that had radioactive exposure, decontamination, prevention of cross contamination, triage, and registration.

The victims were first year emergency medicine residents at the SUNY Downstate emergency medicine residency program. All of the actors were healthy and did not have mobility issues. Hospitals were responsible for establishing the command center and determining which resources to utilize for achieving the goals of the drill. Each location was given one hour notification prior to the arrival of the victims to their hospital.

After each phase of the drill ended, there was a discussion with the victims and evaluators regarding the decontamination experience, focusing particularly on the challenges caused by the physical disabilities. Evaluators were non-participatory.

12) Poster Only: If appropriate, provide a time or cost estimate to complete/implement this project.

6 month planning process
50-60,000 estimated cost
Consultants
- 8 Special Needs Evaluators (16 hours/$1,500 each)
- 2 Controllers (Project Personnel - no additional pay) $12,000
Materials and Supplies
- Printing
- Office disposables $5,000
Travel and transportation and stipend for Special Needs consultants ($400 each for air parking) $3,200
Services:
- Desk top Publishing $3,000

13) Poster Only: Describe any planning or implementation issues, if applicable (e.g., training needs, space, resistance to change). What did you do to address these issues?

Goal: To help prepare hospitals improve their Haz Mat plans for at risk populations living in the community for the possibility of socially disruptive events and to explore barriers to effective responses. The general purpose of this research project is to gather information from the feedback of 3 high risk populations on how well our health system's current Haz Mat plan works. These 3 at-risk populations will work with the NYIAP through planning to execution and participation of a series of decontamination field exercises at 4 area coalition hospitals. This data will encourage our hospital system to engage in an emerging best practice: “to create an extensive approach to addressing the needs of persons with disabilities” in its emergency plan”2. By garnering feedback from the participants post-drill, we will be following the advice of the Research and Training Center on Independent Living2, for we will be able to include the suggestions of people with disabilities, the elderly and non-English speakers in the planning process for future drills or emergency situations. Objectives: • Develop emergency plans that reflect your patient populations, as these are the people who will arrive on premises during an actual emergency. For example, due to the location and nature of our health systems, we have a high percentage of individuals who are elderly, who have physical disabilities, and or who speak Creole or Spanish and have limited English proficiency. • Include members of at-risk populations in our planning team and drills and incorporate their suggestions into future preparedness planning and drills and incorporate their suggestions into future preparedness planning. A diverse planning team will be much more able to meet the diverse cultural, linguistic, and physical needs of participants. • Train staff, including emergency preparedness planners, on disability-related issues.
14) Poster Only: What were the outcomes or improvements that this project/practice achieved?

One of the primary areas of focus was the methods utilized for transportation of victims through the decontamination showers. While healthy mobile victims are able to walk through the showers and soap and wash themselves, this is not an option for physically disabled victims. None of the hospitals established a method to safely transport the physically disabled victims through the showers. It was observed by the evaluators that in all three of the hospital sites, there was a breakdown in the victim’s role and the healthy actors would ambulate themselves through the decontamination showers. This occurred in all three of the hospital sites. Another observation was that other victims were given the responsibility of carrying the physically disabled victim through the decontamination process it is more than just the shower right changing etc. Safety is also a concern especially for special needs victims and must be prioritized with the liberal use of water on the ground through the decontamination zone. In all three of the hospital sites, it was observed that all of the physically disabled victims were concerned about slippery surfaces caused by the water used for showering the victims. There were no attempts to address this important issue in any of the locations. There was also a lack of communication by the decontamination team. It was observed that at the start of each drill, at each location, there was confusion as to where the decontamination process would begin. This lead to cross contamination between hot and cold zones.

15) Do you have take-away tools/resources (handouts) that can be provided to attendees?

☐ No  ☐ Yes

16) Have you presented this topic/poster at a previous conference or meeting? If yes, please provide the name, date and location of the conference or meeting.

☐ No  ☐ Yes  Conference/Meeting Name/Date/Location:

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