

Training for Major Health Incidents: Developing a Training Course for Hospital-Based Health Care Workers on Preparing an Incident Action Plan

Graeme McColl

St. John Ambulance Service, Christchurch, New Zealand

Introduction: Emergency services, including emergency medical services organizations and hospitals in New Zealand have adopted an incident command system or coordinated incident management system (CIMS) to provide coordination and control for the emergency response to major incidents. Incident action plans (IAP) play an important role in the implementation of CIMS during major incidents.

Objective: This presentation describes the development of a training course for hospital-based healthcare workers on the preparation of an IAP.

Methods: Developing the training course included the following steps: (1) survey of hospital-based healthcare workers who attended joint CIMS training courses regarding their perceptions of the IAP-related needs of hospitals; (2) identification of situations in which IAPs may be required at hospitals; (3) analysis of IAP use during planned responses; and (4) customization of the IAP structure used by emergency services organization for hospitals based on hospital needs.

Results: A training course for hospital-based healthcare workers about preparing an IAP was developed. In this course, participants collectively develop an IAP for hospital evacuation, critique an IAP from an actual major incident, and then, in smaller groups, prepare IAPs for specific situations.

Conclusion: IAPs from emergency services response planning may be adapted for hospital emergency response. A training course for hospital-based healthcare workers about preparing an IAP may assist the development of IAPs by hospital emergency managers during actual incidents.

Keywords: coordinated incident management system (CIMS); healthcare workers; incident action plan (IAP); incident command system; training

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Community Partnership Development for Emergency Management

Linda Nemeth; Jan Mola; Joseph Hines

Norwalk Hospital, Norwalk, Connecticut USA

Introduction: Various regulatory and accrediting bodies require healthcare organizations to cooperate and collaborate with their community partners in the development and testing of their emergency management plans. Without community participation, coordination, and cooperation, a hospital's ability to mitigate, prepare for, respond to, and recover from emergencies is limited.

Objective: This presentation describes Norwalk Hospital's experiences with the development of a community partnership for emergency management.

Methods: Descriptive information was obtained from observations.

Results: Several barriers to developing a community partnership for emergency management were identified: (1) self-importance (vs. a collaborative approach); (2) lack of a team approach ("no I in team"); (3) territoriality; (4) historic issues; (5) lack of communication (physical and philosophical); (6) lack of understanding; and (7) different command structures and procedures. Norwalk Hospital approached the development of community partnership in two steps. First, it hosted an initial meeting and invited key community participants. Lessons learned included: (1) provide refreshments as an incentive to attend; (2) don't expect too much at first; (3) allow for healthy debate; and (4) emphasize one's own vulnerability and the need for community support. Next, the hospital continued to hold meetings every month. Lessons learned included: (1) educate community partners regarding the hospital's procedures; (2) conduct small, logistical exercises; and (3) begin drilling on small isolated topics, such as lock-down or decontamination set-up. This approach allowed exercises to snowball into larger events with more players and more input, ultimately producing a cohesive team in which each member knows what the others have to offer.

Conclusion: Norwalk Hospital's experience with developing a community partnership for emergency management may assist other hospitals.

Keywords: community partnerships; emergency management; exercises; meetings; teams

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Community Preparedness Perspectives from California to Connecticut

Nora O'Brien,¹ Mollie Melbourne²

1. California Primary Care Association, Sacramento, California USA

2. Connecticut Primary Care Association, Hartford, Connecticut USA

Objective: This presentation describes community emergency preparedness efforts involving community clinic and health centers (CCHC), which have been funded by the United States Health Resources and Services Administration's (HRSA's) National Hospital Bioterrorism Preparedness Program in California and Connecticut, including: (1) the role of CCHCs in disaster preparedness and response; (2) the unique capability of CCHCs in providing care to difficult-to-reach populations in disaster preparedness and response; (3) the integration of CCHCs into state, regional, and local disaster preparedness and response; and (4) the role of the HRSA NHBPP-funded projects in the US.

Methods: Descriptive information was obtained from personal observations and records associated with the two initiatives in California and Connecticut.

Results: California's approach to health emergency preparedness included the more than 700 CCHCs that serve 3.1 million low-income patients in ethnically diverse, underserved communities. United States HRSA-funded California clinic projects have included the