Preparing for Badness: a practical approach to Emergency Management

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Inspired by research. Driven by compassion. Inspiré par la recherche. Guidé par la compassion.

THE CENTRE FOR EXCELLENCE IN EMERGENCY PREPAREDNESS

uOttawa

REGIONAL PARAMEDIC PROGRAM FOR EASTERN ONTARIO

No conflicts of interest to declare.

EM Team at TOH

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Kanata
Honda
8155
POLICE

Define Disaster

- “A **disaster** is a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human, material, and economic or environmental losses that exceed the community's or society's ability to cope using its own resources.”

www.ifrc.org

Define Preparedness

- “Disaster **preparedness** provides a platform to design effective, realistic and coordinated planning, reduces duplication of efforts and increase the overall effectiveness of … preparedness and response efforts.”

www.ifrc.org

Objectives

- When things go sideways – lessons from the trenches
- ‘Codes’ are important – how to stack the odds in your favour
- Predicting disaster – how to prioritize your efforts in uncertain times
- Growing teeth – how to establish institutional governance that actually supports the front line

Recent Historical Context

Tornado
(Sept 2018)

Prescott bus accident (Jun 2018)

TOH power outage
(Jan & Aug 2018)

Canada 150 (2017)

Las Vegas (2017)

Chemical spill HWY 401
(2017)

Sinkhole (2016)

Parliament shootings
(2014)

Catalyst for change

Ottawa bus-train crash (2013)

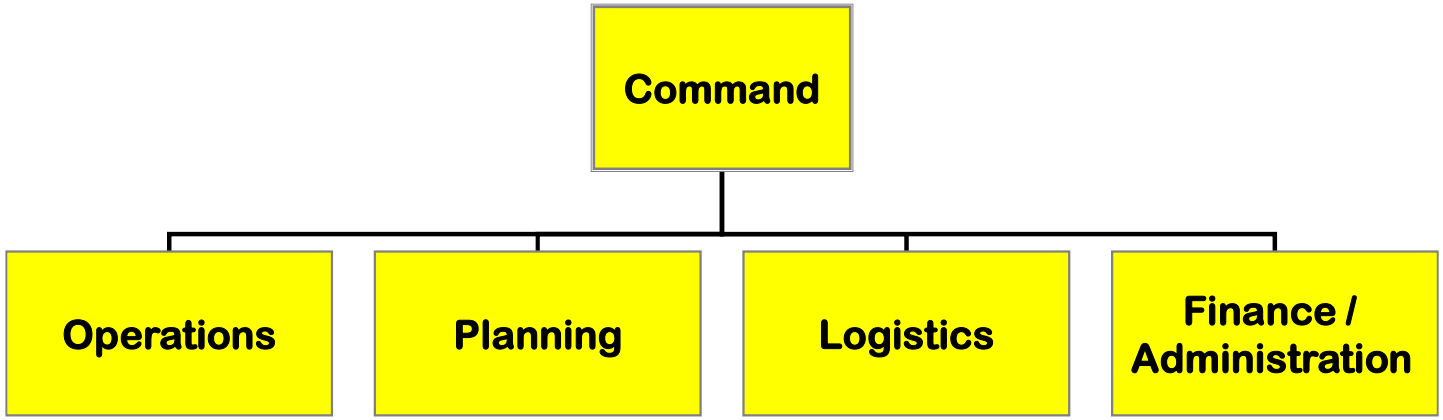
Recurring Barriers

- Working in the hypothetical.
- Interoperability with external assets.
- Capture of value added.
- Policy vs Functional Response.
- Culture.

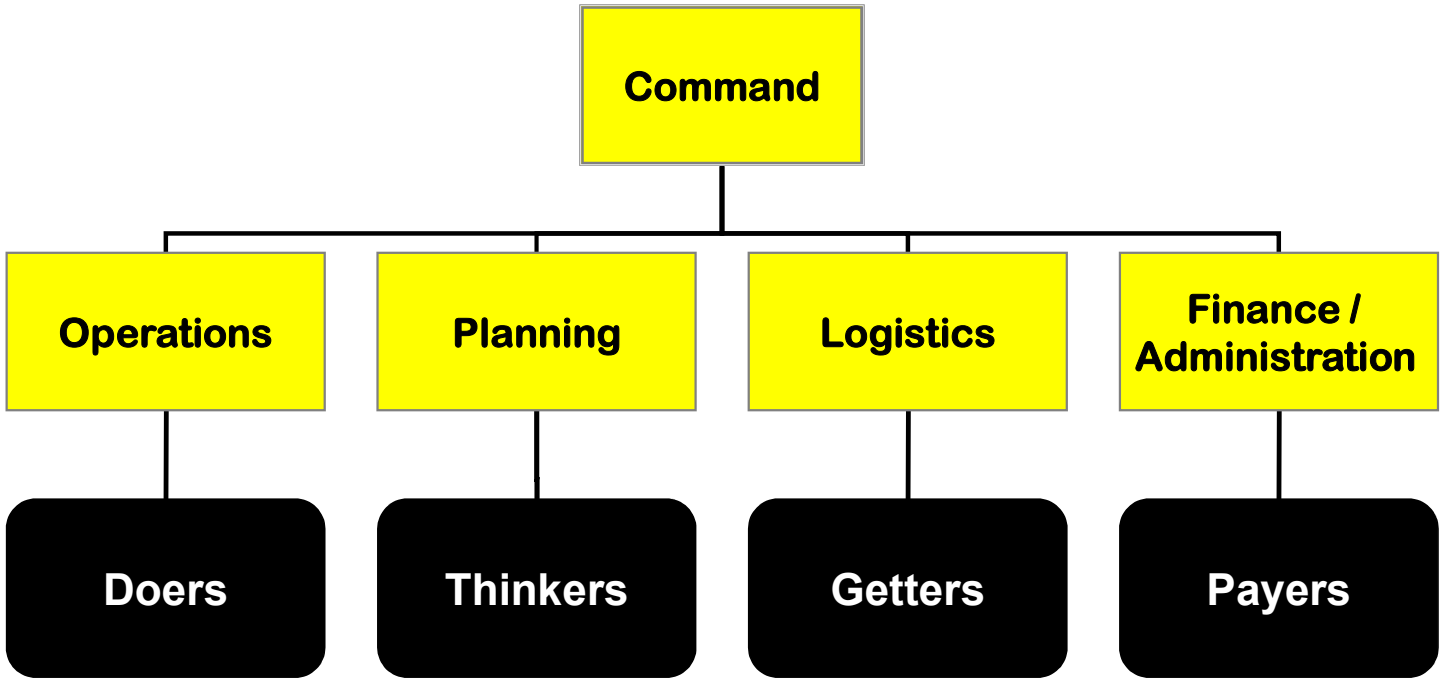
Where
do
I Start?

Never let a good crisis
go to waste. W. Churchill

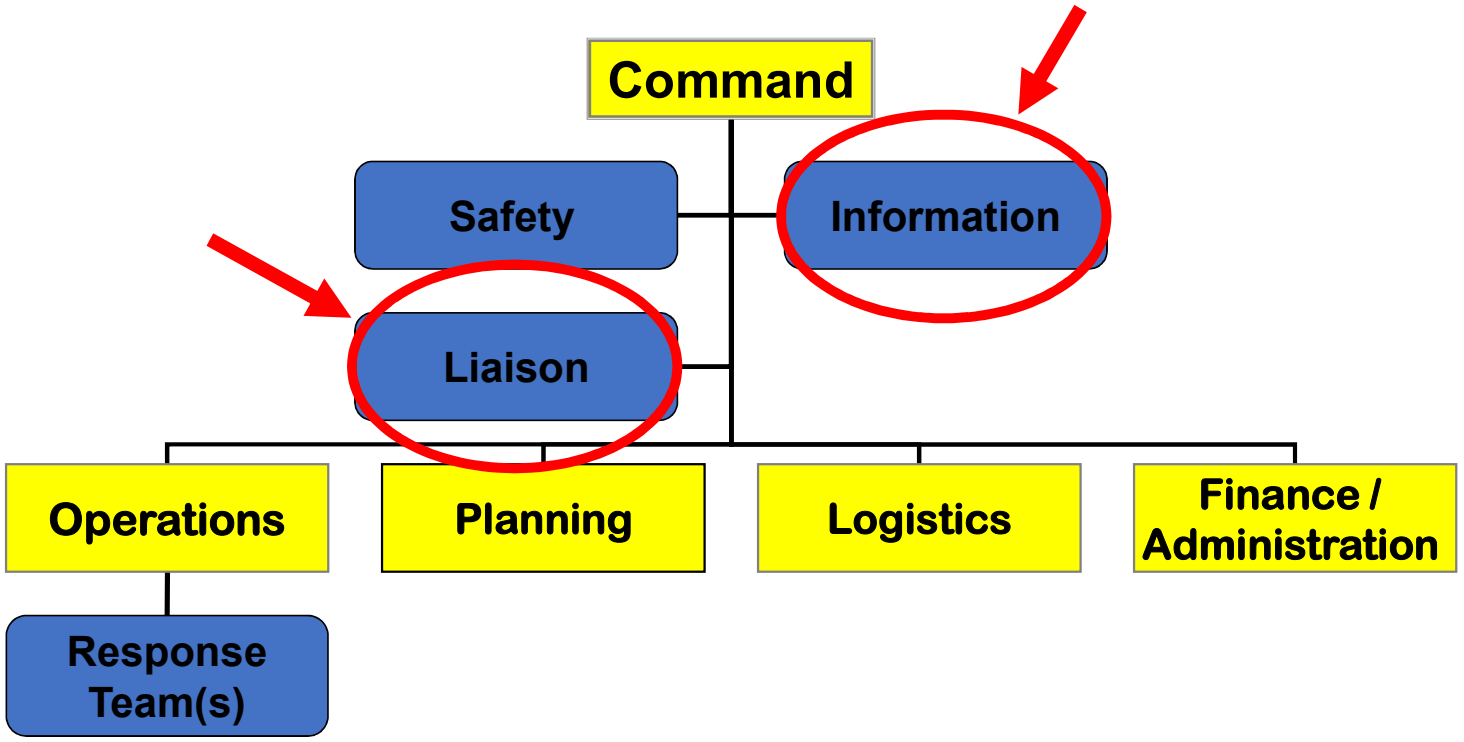
IMS Structure



IMS Structure



IMS Structure



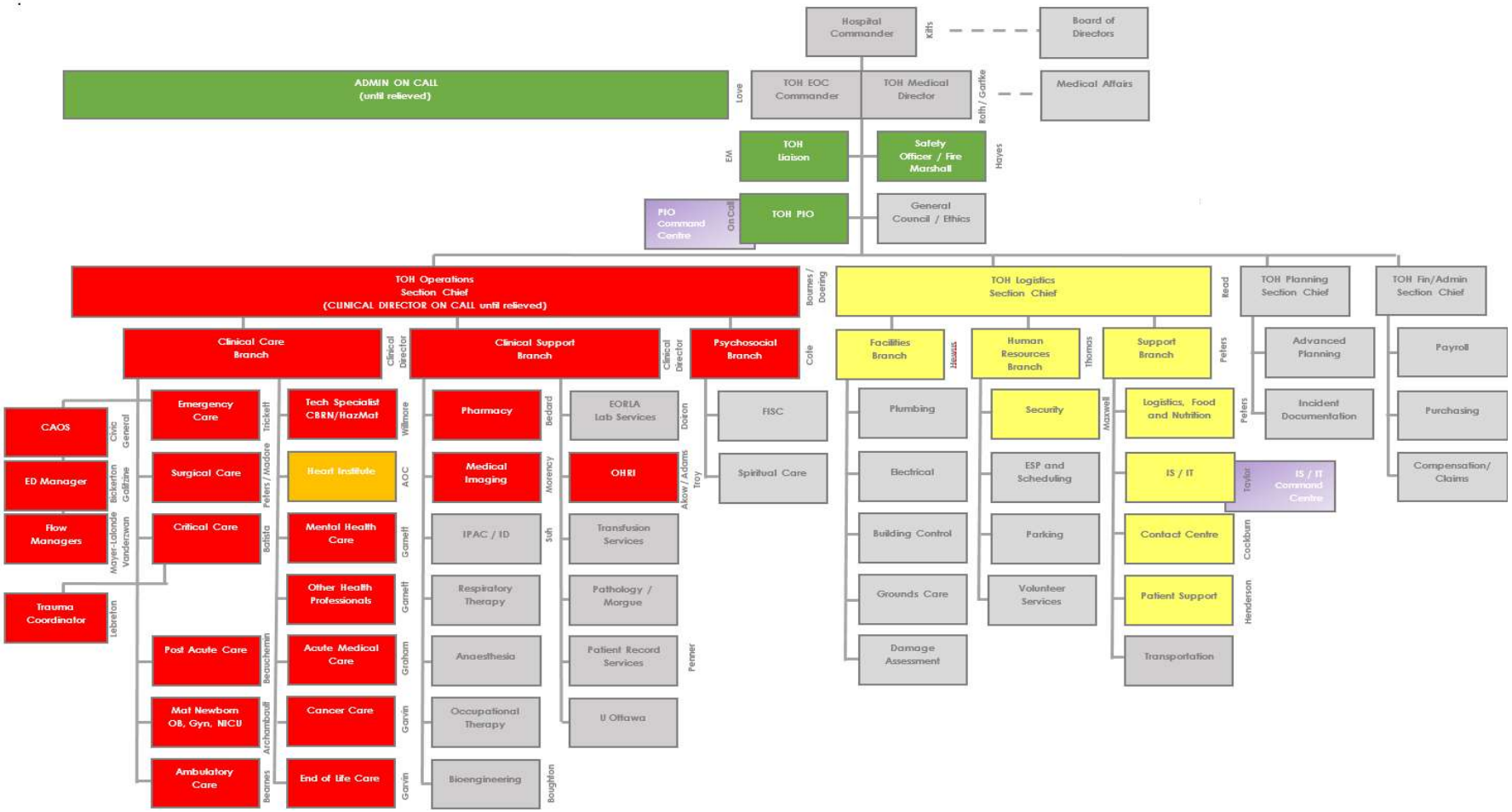
Red Rouge	Fire Feu
Green Vert	Evacuation Évacuation
Orange Orange	Disaster or HazMat/CBRN Désastre ou matières dangereuses/CBRN
Yellow Jaune	Missing Patient Patient disparu
Amber Amber	Infant Abduction Enlèvement d'un nouveau-né
Black Noir	Bomb Threat or Suspicious Package Alert à la bombe ou colis suspect
White Blanc	Violent or Behavioural Situation Comportement agressif ou violent
Purple Violet	Hostage Taking Prise d'otage
Silver Argent	Person with Weapon Personne armée
Brown Brun	Hazardous Materials Spill / Release Déversement de matières dangereuses
Grey Gris	Critical Infrastructure Failure Panne d'infrastructures essentielles
Blue Bleu	Cardiac Arrest Arrêt cardiaque HEART INSTITUTE / INSTITUT DE CARDIOLOGIE 1-4777

Civic 1-5555 General 7-5555 Riverside 8-5555

All Hazards Approach Emergency Management

- The program's primary objectives are to:
  1. Sustain core capacities and services for the hospital and health sector
  2. Support high quality performance, and continuity of service during periods of stress to the health sector
  3. Champion integrated learning and quality improvement processes that contribute to system resiliency

Incident Management System/Code Situation Report



Emergency Management

CLINICAL DYAD & UNIT COMMAND POST MODEL

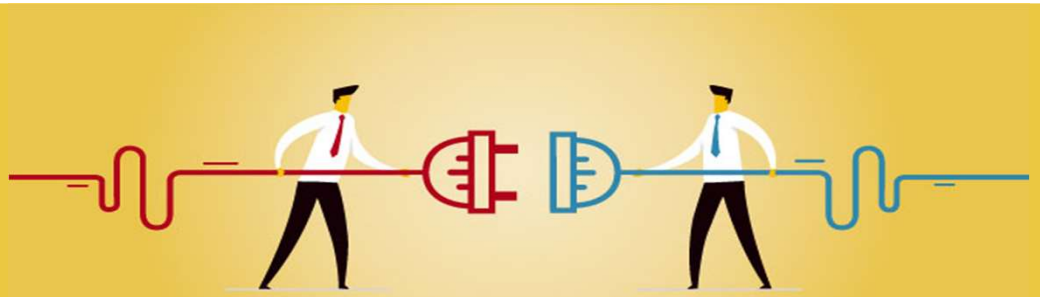
Case Study #2: Tornado 2018

6 Confirmed Tornados

Quick facts

- 6 major traumas within 2 hrs
- 2 stroke codes
- 2 aortic emergencies
- 24 hours on generator power at Civic
- Reduced DMI & OR capabilities
- 2 Dinners, lunch and breakfast

- EOC Activated for 48 hours
- 6 TOH Code Sit Rep teleconferences
- 8 HEPCO/Ministry/LHIN Network teleconferences
- Criticall Redirect in place for 48 hours



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UNIT SITUATION REPORT

Photocopy before use. Send a copy of completed reports to Responsible Manager/Director. Retain completed reports for incoming Unit Commander

Incident	Orange	**Unit Report Date**	2018-01-12
Unit Situation Report #	#1 of X	**Unit Report Time**	08:50 hrs

Unit	Surgical Suites	**Campus**	☑ Civic ☐ Gen ☐ Riv ☐ Other: _____
MRPerson / Unit Commander	Johanna Shubert	**Director Responsible**	John Trickett
MRPerson / Unit Commander #	13687	**Director Responsible #**	number

Unit Status	Risk ✓ High Risk	At Risk	Stable	Comments
Ability to manage current patient volume and flow		X		Re-evaluating full bookings for today, only 2 urgent on board
Ability to manage requests to and from Unit		X		Clerk has not arrived for shift. Need support.
Ability to maintain patient record documentation			X	
Staff wellness overall			X	(i.e. stress, morale, confusion)

Unit status change since last situation report?	☐ Improving	☑ Stable	☐ Deteriorating

Issues Requiring Immediate Attention	(i.e. patient or staff safety concerns, reduction in services, incident reports required)

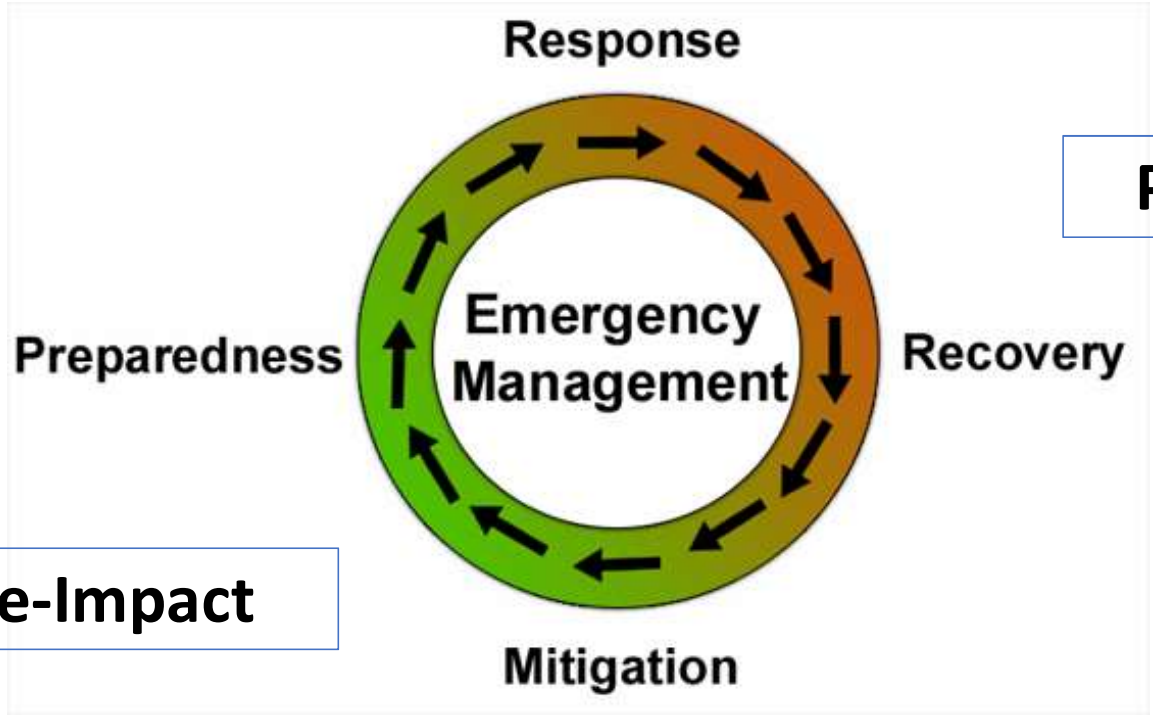
Overall Unit Status Report		Check one ✓
Unit **cannot** perform duties to provide safe patient care	**High Risk**	
Unit can perform duties to provide safe patient care but will face challenges in next **4-8 hours**	**At Risk**	X
Unit can perform duties to provide safe patient care for next **12 hours**	**Stable**	

Resource Requests	Comments	Quantity
Clinical Staff	(MD, RN, RPN)	
Clinical Support Staff	(Pharmacists, RT, PT, OT)	
Specialized Support Staff	**Clerical support needed**	1
Medical Supplies	(ventilators, IV bags, stretchers)	
Miscellaneous Supplies	(pneumatic tubes, white boards, paper)	
Facilities Support	(HVAC, negative pressure rooms, lighting)	

Normal operations + disaster

- Inability to maintain operations is its own disaster
- Continuity of Operations (COOP)
  - STEMI
  - Stroke
  - Childbirth
  - Really sick people…

Impact



Post-Impact

Pre-Impact

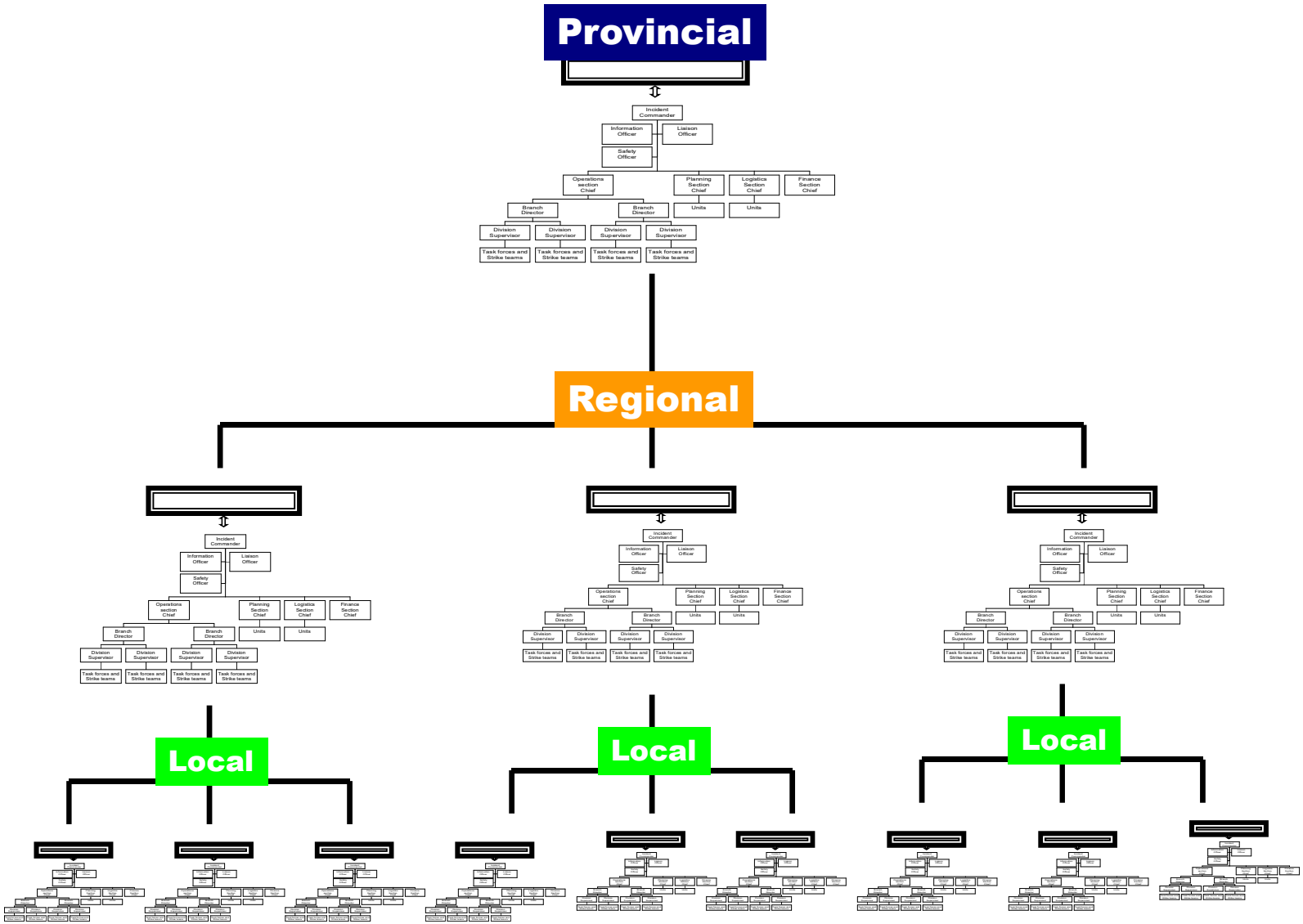
How to fight passive indifference 101

Do a formal risk assessment

RISK ASSESSMENT MATRIX				
SEVERITY / PROBABILITY	Catastrophic (1)	Critical (2)	Marginal (3)	Negligible (4)
Frequent (A)	High	High	Serious	Medium
Probable (B)	High	High	Serious	Medium
Occasional (C)	High	Serious	Medium	Low
Remote (D)	Serious	Medium	Medium	Low
Improbable (E)	Medium	Medium	Medium	Low
Eliminated (F)	Eliminated			

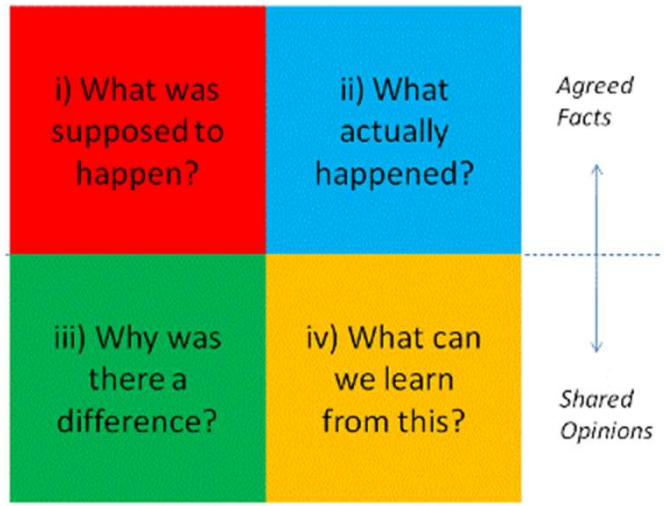
… or steal one...

IMS is important. Use it.


Provincial
Incident Commander
Information Officer
Liaison Officer
Safety Officer
Operations section Chief
Planning Section Chief
Logistics Section Chief
Finance Section Chief
Branch Director
Branch Director
Units
Units
Division Supervisor
Division Supervisor
Division Supervisor
Division Supervisor
Task forces and Strike teams
Task forces and Strike teams
Task forces and Strike teams
Task forces and Strike teams
Regional
Local
Local
Local

After Action Reports… every time.

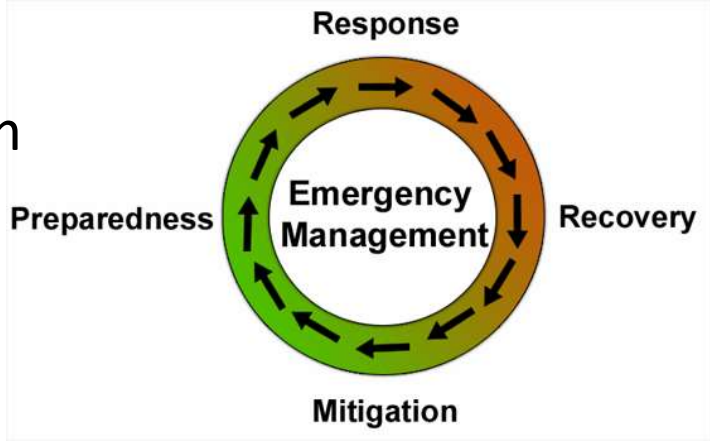
- Creates a paper trail, puts pressure on administration
- Keep it objective, pointing out potential catastrophe and near misses
- Provide solutions on the same document (action items)



(poke
poke)

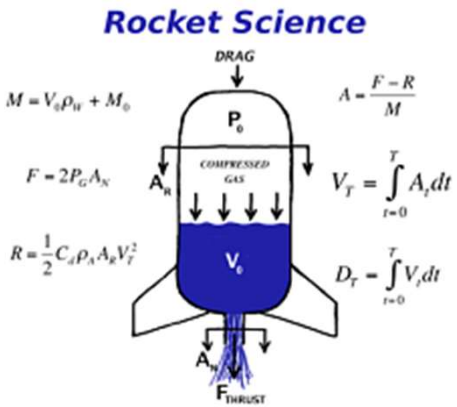
0.2 of an FTE is not enough.

- Make it someone's full time problem
- (This someone should not be you)



Learn how administrators speak.

- Take a course or two
- Know the lingo/how ideas move forward in your organization
- Learn how to translate admin-speak



Physician – Administrator Dyad

Source: https://www.advisory.com/

Create cost effectiveness.

- Create training content or get it from academic sources.
- ~~Steal~~ Borrow material from friends in Emergency Preparedness.
- Engage city resources to ‘piggy back’ on municipal exercises.
- Volunteer your time as much as possible (especially at first).
- Efficiencies in disaster → day-to-day operational pearls.

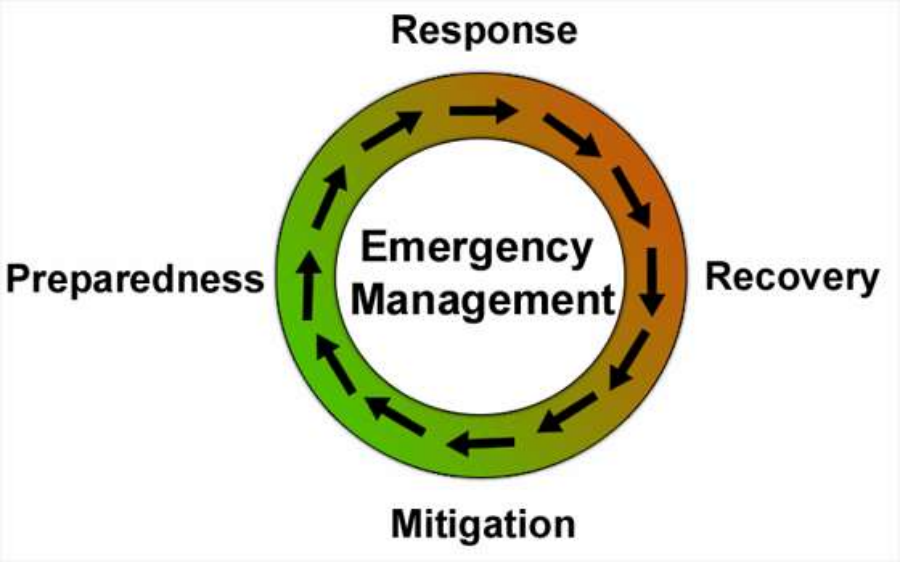
Make them look good

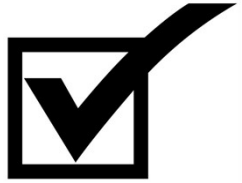
- Show the action items and completion
- Praise their engagement in public ways
- Create a ‘buzz’ around everyone’s effort (e.g. Grand Rounds)
- They are doing the right thing, working collegially, and people should know about it.

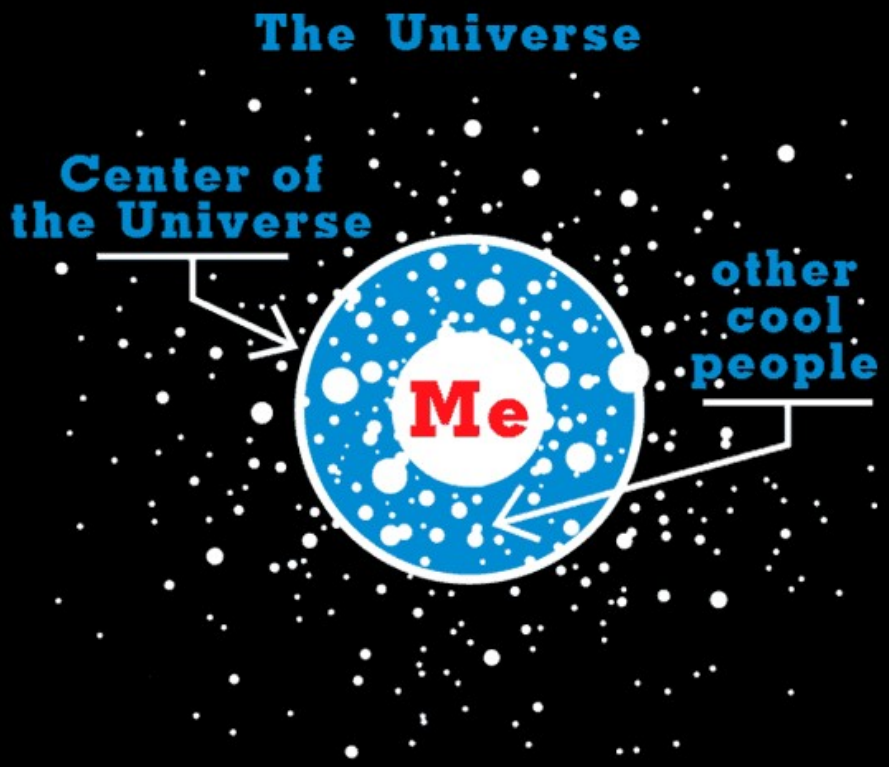
Build expertise in your institution

Sustainability

- Make it someone's job. Support that person.
- Create a job description (in case you get hit by a bus or something)


Response
Preparedness
Emergency Management
Recovery
Mitigation




The Universe
Center of the Universe
Me
other cool people

Thank you.

Questions?

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Selected References

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