

EMPLOYEE EMERGENCY RESPONSE

RESPONDER HEALTH AND SAFETY



ALABAMA
PUBLIC
HEALTH

TABLE OF CONTENTS

| | |
|---|-----|
| Introduction | 3 |
| Response Opportunities | 3 |
| Medical Needs Shelter..... | 3 |
| Mass Care Shelter..... | 4 |
| Point of Dispensing..... | 4 |
| Out-of-State Response..... | 4 |
| Expanded Radiological Emergency Response Team..... | 4 |
| Unknown Substance Response..... | 4 |
| Epidemiology Teams | 4 |
| Medical Needs Shelter Advance Teams and Logistics Teams..... | 5 |
| Personnel Roles During a Response | 5 |
| Nurses..... | 5 |
| Care Assistants..... | 5 |
| Clerical Support..... | 5 |
| Social Workers..... | 5 |
| Safety Officer | 5 |
| Team Support Officer..... | 5 |
| Environmentalist | 6 |
| Disease Intervention Specialist | 6 |
| Nutritionist | 6 |
| Volunteers | 6 |
| Emergency System for Advance Registration of Volunteer Health Professionals ... | 6 |
| Potential Hazards for Deployed Individuals or Teams | 7 |
| Travel Hazards..... | 7 |
| Strains or Sprains..... | 7-8 |
| Environmental Exposures (A-E) | 8 |
| Environmental Exposures (F-H)..... | 9 |
| Environmental Exposures (I-J) | 10 |
| Environmental Exposures (K-N) | 11 |

Introduction

Since its inception, the Alabama Department of Public Health (ADPH) has worked diligently to achieve its mission of serving the people of Alabama by assuring conditions in which they can be healthy. Nothing is more important to this mission than providing assistance during times of disaster. This booklet is intended to provide information to our employees about the overall emergency response by the department and the responsibilities that they have in this effort.

Unless the emergency calls for it, most employees will not have to respond directly and will be expected to maintain normal work hours and responsibilities. When activated, employees are required to participate in the response effort; however, our employees will not be put into situations of unreasonable danger, nor will they be expected to perform tasks that they have not been trained to accomplish.

It has been said that emergencies are local, meaning the response to a disaster should begin at the local level. When the scope of the disaster requires more resources, the department's Incident Command System (ICS) will be activated. This is a structured and orderly system in which each supervisor has a limited span of control and each employee reports to one supervisor. The assigned tasks and supervisor may be different from that of day-to-day operations. When ICS has been activated, there is an Incident Commander who is responsible for the direction of disaster response that flows through four sections: Planning, Operations, Logistics, and Finance. To prepare for ICS activation, each employee must complete National Incident Management System (NIMS) courses IS100 and IS700. These courses are available through the department's Learning Content Management System. Additional NIMS courses may be required according to task assignment.

Response Opportunities

According to the Emergency Support Functions (ESF) of the Federal Emergency Management Agency and the State Emergency Operations Plan, the department has been identified as the agency responsible for public health and medical services, including Medical Needs Shelters (MNS) under ESF 8. For this reason, deployment to an MNS is the primary opportunity for our staff. The following defines the types of response that may take place during an emergency. Our staff is not expected to participate in all of them, but needs to be familiar with the terminology, depending on the type of response and the type of disaster.

Medical Needs Shelter

An MNS is defined as a shelter of last resort during emergency situations for persons with conditions requiring minimal nursing oversight who cannot be accommodated in a Mass Care Shelter (MCS). Its mission is to provide services during an emergency in an environment that can help individuals to sustain pre-disaster levels of health. The MNS is housed in a secure facility with sustainable power, water, sanitation, and limited food service. Departmental staff will provide medical oversight in conjunction with the shelteree's caregiver. Deployment is usually a week at a time, including a day of travel to and from the site.

Mass Care Shelter

An MCS is a shelter of last resort for people displaced in an emergency. Providing mass care in times of crisis is deemed an ESF 6 responsibility assigned to agencies other than the department. Participation by our staff in an MCS with no medical oversight is limited to once-daily rounds to determine if people who may be ill or require care that cannot be provided in an MCS need to be transferred to an MNS or other facility. Environmentalists will also be asked to assess this type of shelter. The department does not provide medical equipment or supplies to MCS. MCS and MNS that are located in the same facility are operated as separate shelters.

Point of Dispensing

A Point of Dispensing (POD) location is a place where needed medications are administered or dispensed to members of the general public in response to an exposure to a chemical or biological agent. The POD is a part of the Strategic National Stockpile (SNS), a national storehouse of life-saving medicine and medical supplies that may be needed during a national emergency. Our staff with, volunteers from the community, will work in PODs to distribute needed medication or supplies.

Out-of-State Response

A large scale disaster may require another state to ask for assistance. For this reason, the Emergency Management Assistance Compact (EMAC) was established to offer support during a state of emergency declared by a governor. Whether the disaster is natural or man-made, EMAC provides a responsive and straightforward system for states to send personnel and equipment to help disaster relief efforts in other states. Should another state in our region request assistance, you may be asked to join a team for a 14 day deployment.

Expanded Radiological Emergency Response Team

The Office of Radiation Control is located in the central office in Montgomery so it would take several hours for staff to respond to an incident; therefore, two environmentalists and two nurses from each Public Health Area are assigned as members of the Expanded Radiological Emergency Response Team (ERERT). This team was formed to provide a rapid response to assist in detecting and measuring radiation and to ensure the public is protected from excess exposure.

Unknown Substance Response

An unknown substance may be biological or chemical and take the form of a solid, liquid, or gas. Should there be an unknown substance incident in the state, the Bureau of Clinical Laboratories (BCL) will be responsible for confirmatory identification. During events involving unknown substances and other cases related to potential nuclear, chemical or biological terrorism agents, as well as non-terrorist related chemical releases, the Center for Emergency Preparedness (CEP) will respond and work with the Epidemiology Division (EPI), BCL, Radiation Control, US Post Office, Federal Bureau of Investigation (FBI), Public Safety, and other entities as necessary while EPI conducts a parallel notifiable disease/condition investigation.

Epidemiology Teams

Epidemiology teams may be deployed to conduct surveys, recovery assessments, and data analysis as needed. They may also be able to conduct phone interviews which would reduce potential risk such as violence, respiratory exposure, heat or cold exposure, and travel.

Medical Needs Shelter Advance Teams and Logistics Teams

These teams will be composed of nurses, clerical staff, and other staff members who will deliver trailers that hold supplies necessary for the response. They will be responsible for setting up the shelter or station prior to staff arrival and demobilization of the shelter after it is closed.

Personnel Roles During a Response

The following are examples of how the department's personnel may be used in shelter situations:

Nurses

Should an MNS be activated, nurses will serve in several roles. The nurse may manage the shelter or be a charge or staff nurse on a shift. The nurse may also be called to dispense or administer medication in a POD.

Care Assistants

Clinic and home health aides will be classified as Care Assistants and will provide assistive and personal care in an MNS along with the caregiver.

Clerical Support

Clerical Support personnel will provide administrative assistance to other staff in the shelter. This includes data entry into the Alabama Incident Management System which includes the Patient Tracking System and ensuring that it is updated as shelterees are admitted, transferred, or discharged. Clerical support will also maintain shelteree medical records.

Social Workers

Social workers will assist with all aspects of the shelter during activation, operations, and demobilization and begin discharge planning as soon as possible after the shelteree is admitted.

Safety Officer

One team member will be assigned to serve as the Safety Officer. This person will work with a person assigned to provide security by the faculty or the Alabama Emergency Management Agency to ensure that the setup and operations of the shelter are conducted in the safest manner possible. The Safety Officer will work with the Facility Manager and the Nurse Manager to ensure that aisles, entrances, and exits are free of obstructions or tripping hazards. This staff member should have knowledge of the use of safety and emergency equipment.

Team Support Officer

One person on each team will be designated as the Team Support Officer. While this person is mainly responsible for taking care of the needs of the team during their deployment, allowing them to focus on patient care activities, the Team Support Officer will also assist with general shelter functions and reports to the Nurse Manager.

Environmentalist

During an emergency, Environmentalists may respond by assessing sanitary conditions and assessing conditions related to food preparation, storage, and handling. They may also assess vector control, solid waste issues, and assess for potable water. An Environmentalist may also function as a Team Support Officer or the Safety Officer. In a shelter, the Environmentalist will report to the Safety Officer.

Disease Intervention Specialist

The Disease Intervention Specialist will participate in disease surveillance activities and may also function as a Team Support Officer or the Safety Officer.

Nutritionist

The Nutritionist will function as a consultant to shelter operations for special dietary needs of shelterees and may also function as a Team Support Officer or the Safety Officer.

Volunteers

Volunteers are an essential part of emergency response. The department is a committed partner with community volunteer groups and agencies throughout the state; therefore, it is important for staff to be familiar with groups in their area. The American Red Cross may assist with mass care under ESF 6. The Community Emergency Response Team (CERT) and the Salvation Army are two other common volunteer organizations that will be present during disasters. The Medical Reserve Corps (MRC) is comprised of organized medical and public health professionals who assist communities nationwide during emergencies and in ongoing efforts in public health.

Emergency System for Advance Registration of Volunteer Health Professionals

The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Program is a U.S. Department of Health and Human Services initiative for state development of a standardized database of healthcare personnel who volunteer to provide aid in an emergency. The guidelines for systems are to include verifiable and up-to-date information regarding the volunteer's identity, licensure, credentialing, and accreditation and privileging, in hospitals and other medical facilities. This secure system gives each state the ability to quickly identify and better utilize health professional volunteers during emergencies and disasters. The goal of the ESAR-VHP Program is to eliminate critical problems encountered when utilizing volunteers.

As part of professional credentialing and certification, people who volunteer with ADPH are required to register in the ESAR-VHP database for the state of Alabama, known as ALResponds. ALResponds is a web-based volunteer registry that contains a list of community members and health professionals that have pre-registered as volunteers to assist during disasters. Pre-registration allows the volunteer to indicate their abilities, interests, and other deployment commitments. This pre-registration in turn allows the department to verify a volunteer's credentials and medical privileges in advance of an event and to identify volunteers that match the skill level requirements of a request from the local, county, state, or federal level.

Potential Hazards for Deployed Individuals or Teams

It is critical that all employees be alert to safety issues and potential health hazards during day to day operations, but, even more so during a disaster. Employees may encounter various hazards during the response. The information below includes potential hazards and information on ways to lessen risks. The list is not all-encompassing but based on common types of response during an emergency or disaster.

I. Travel Hazards

- A. Whether traveling alone or as a team, safety should always be priority.
- B. Seat belts are required and are the single most effective safety device for preventing injury and death.
- C. Drivers should drive defensively.
- D. Drivers should not text, check e-mails, or talk on the cell phone.
- E. If road conditions are not safe for travel, take appropriate actions including alerting the appropriate point of contact to unsafe conditions. Unsafe conditions would include but are not limited to:
 - 1. Downed power lines (treat all as if they are live).
 - 2. Downed trees.
 - 3. Water across the road way (Turn Around, Don't Drown! ®).
 - 4. Workers clearing debris or construction zones.
 - 5. Snow or ice.

II. Strains or Sprains

- A. Working in an uncommon environment with more or different physical requirements than usual day to day work may place an employee at risk for a strain or sprain. Other potential factors for a strain or sprain could be attributed to:
 - 1. Poor physical condition.
 - 2. Muscle fatigue.
 - 3. Awkward posture.
 - 4. Repetitive motion.

B. To prevent strains/sprains, employees are encouraged to:

1. Stay in good physical condition.
2. Warm up with gentle stretching before physical activity.
3. Use good body mechanics when bending or lifting.
4. Ask for assistance when lifting large or heavy objects.
5. Maintain adequate aisle space and clear walkways to avoid tripping.
6. Have sufficient help if assisting mobility challenged shelterees.
7. Take frequent rest breaks when performing repetitive motions.

III. Environmental Exposures

Humans are not the only ones affected by disasters. Employees should be aware of their surroundings at all times and are particularly encouraged to watch for the following:

- A. **Mosquitoes:** Employees are encouraged to use mosquito repellent as directed when working in areas where mosquitoes are present. Anti-itch or sting ease aids may provide some relief of symptoms if bites occur. Light colored and long sleeves/pants will also provide some protection against bites.
- B. **Snakes:** Avoid them. Remember, snakes can be displaced from their usual surroundings and they may be in unexpected places. If bitten, seek medical attention immediately.
- C. **Animals:** Pets are often friendly to strangers, but, in a disaster setting they may be fearful or hurt. Precautions should be taken around unfamiliar domesticated animals. Call local animal control if you see an injured or stray animal. Wildlife should be avoided since certain animals carry disease.
- D. **Plants:** Poison ivy and poison oak are plants that are known to cause a rash when people who are sensitive to them come into contact with the plant. Some people are so sensitive to the plant that when exposed, they require medical treatment to control the symptoms. When responding to a disaster, precautions should be taken to reduce direct exposure to plants by wearing long sleeves, long pants, gloves, and /or a protective skin barrier. These measures may also protect against tick bites.
- E. **Heat stress:** Employees working in a disaster environment which may be warmer than what they are acclimated to could lead to a heat related illness such as heat stress/cramps, heat exhaustion, or heat stroke. Preventative measures for a heat related illness include:

1. Wear lightweight, light colored, loose fitting clothing.
2. Avoid caffeine and alcohol which may lead to dehydration.
3. Drink plenty of fluids.
4. Do not wait until you are thirsty to drink.
5. Take frequent breaks.
6. Work in the shade when possible.
7. Be alert to signs and symptoms of a heat related illness (headache, thirst, muscle cramps, dizziness, confusion, nausea, hot dry skin, etc.) and seek help as indicated.
8. If taking medication, be aware of the potential side effects as some medications may cause a person to be more susceptible to heat related illnesses.

F. **Sunburn:** Employees working outside may be at risk for sunburn.

Ultraviolet (UV) rays are most intense during the hours of 10:00 a.m. and 4:00 p.m. The best protection against harmful UV rays is long-sleeved shirts and long pants, hats with a large brim, and sunglasses. Sunscreen with Sun Protection Factor (SPF) of 30 or higher should be applied 20 or 30 minutes prior to going outdoors and reapplied every two hours when in the sun. Sunglasses with UV protection are recommended.

G. **Cold stress:** While we are generally known for the extreme heat and humidity in the South, we cannot ignore the potential for hypothermia. Wearing multiple layers of clothing will help keep in body heat. Physical activity will help raise body temperature. Early signs of hypothermia include shivering, fatigue, loss of coordination, confusion, and disorientation. If not corrected, the situation could lead to a life-threatening condition.

H. **Violence:** During times of crisis, increased stress may cause those with poor coping skills or cognitive disorders to act out. People may feel overwhelmed and exhibit inappropriate or violent behavior. There is no one action to prevent violence, so employees should be on alert to factors that could lead to violence and intervene as appropriate. Employees should:

1. Work in teams when possible.
2. Try to diffuse an escalating situation.
3. Do not argue with an upset individual.
4. Call for security or law enforcement, if needed.
5. Leave the situation (area) if possible.
6. Maintain access to exits.

- I. **Stress:** The department has provided Psychological First Aid training to many staff members so they can help identify those who just need to talk from those who may need a behavioral/mental health referral. Staff members working in shelters should maintain good communication among the team about any concerns they have about shelterees or their caregivers.

Some people like to work in a disaster setting and they thrive in that environment while others do not do well in high stress situations. Staff is reminded to take care of themselves and to watch for signs of stress in team members. Staff should recognize that stress can affect a person physically, cognitively, emotionally, and behaviorally. Stress should not be ignored. Suggested ways of dealing with stress include:

1. Talk to someone supportive.
2. Use relaxation techniques (deep breathing, meditation, or write in a journal, etc.).
3. Get rest when possible.
4. Accept what you cannot change.

Once the deployment is over, employees should try to return to their routines as soon as possible. Good nutrition, exercise, and avoiding excessive use of medication or alcohol are encouraged. If an employee is concerned that he/she needs assistance after a deployment, they should contact their supervisor.

- J. **Sanitation and infection prevention:** Steps should be taken to reduce the risk of contamination or infection which include:

1. Wash your hands frequently with soap and water.
2. Use hand sanitizers often if soap and water are not available.
3. Exercise good housekeeping measures.
4. Only drink from proven potable water sources.
5. Ensure proper food temperatures are maintained.
6. Do not eat or drink food or water that may be contaminated.
7. Cover your cough.

- K. Bloodborne pathogens:** Healthcare professionals are at risk of potential exposure of blood and body fluids when providing care. Basic precautions such as gloves and eye or face protection should be used. Needle sticks may pose a risk of injury in an MNS so sharps containers should be available. If an exposure occurs, the employee should notify the Nurse Manager and follow up appropriately.
- L. Respiratory hazards:** This may include exposure to infected persons (biological) or environmental hazards. Unless a respirator (mask) is worn appropriately and used for the correct sized/type particulate it will not provide proper protection. The department provides respirators with 95 percent filter protection against particulates. Each employee who may be affected by respiratory hazards should be fit tested for the appropriate size.
- M. Radiological hazards:** Only trained response personnel will participate in the assessment of radiological conditions and provide initial assistance in the resolution of radiological hazards. The Office of Radiation Control will provide appropriate personal protective equipment, supplies, and equipment needed for a safe response.
- N. Slips, trips, or falls:** Each MNS has an appointed Safety Officer to address overall shelter safety, but, each staff member has a duty to maintain as safe an environment as possible. Slips, trips, or falls can be avoided with appropriate preventive actions:
1. Maintain clear walkways.
 2. Remove debris.
 3. Clean all spills immediately.
 4. Avoid running cords or cables across walkways. When unable to do so, cover cables or cords to eliminate the hazard.
 5. Ensure adequate lighting in the area.
 6. Remove trip hazards.
 7. Get sufficient help if assisting a mobility challenged shelteree with ambulation.
 8. Use good body mechanics when moving supplies and/or setting up cots.

ALABAMA DEPARTMENT OF PUBLIC HEALTH
201 MONROE STREET / SUITE 1310
MONTGOMERY, ALABAMA 36104

ADPH.ORG/CEP