

The Human side of deployment:

Perhaps the most striking feature of the VMAT teams is their dedication to their task that of taking care of their primary clients. These clients are sick, injured and abandoned animals left in this condition due to an event that either destroyed the infrastructure that facilitated their care or the forced rapid removal of their human caretakers. This can and does have far reaching ramifications both by the effect exerted on the economic base, and the ramifications seen by the loss of livelihood by those engaged in agrarian production and animal husbandry. In addition the well being of domestic pet owners has been found to hinge in no small part on their perception of the care their pet is receiving in the event of any disaster. All of these are well documented and well known to all members of VMAT. Yet in this process the human element seems to have been overlooked. Our most important asset is the team and the people who comprise it. I for one am extremely impressed with the diversity of experience and real expertise represented on our teams and I am extremely grateful to play a small part on one of the teams. I would like each team to please take the time to consider the human element and what issues may be relevant to address.

Address the basic health and psychosocial needs of the team:

- A) Ensure that standing orders for treatment of human health issues are addressed.
- B) Ensure that medications for treatment of human illness and antidotes are addressed in standing medical orders.
- C) Ensure that medications for human use are with each team
- D) Ensure that a human provider is on every team
(Nurse, EMT, Pharmacist ect)
- E) Ensure that shot records are up to date to include rabies vaccine and that rabies vaccine/ and Immune Globulin is on site for emergency use
- F) Ensure standing orders for WMD / Bioterror events
- G) Be sure to cover P.T.S.D. and stress issues
- H) Ask for help with these issues from appropriate Medical Providers

Redundancy issues:

- A) Training for non vet team members needs to be incorporated for team members with no experience with animals
- B) All team members need to be familiar with the set up of equipment and exam areas.
- C) Keys, passcards, plans layouts and locations of supplies need to be distributed to more than one team member with masters kept by team A.O. and T.O.
- D) When possible every member needs to be trained into at least one other area.
- E) Set up trainings and rotate members into key leadership functions so they can learn to delegate.
- F) Require members to actively engage in training related to VMAT functions.

Think like a team:

- A) Who is in charge
- B) What team are you on and what do you do with the team

- C) What is the chain of command
- D) Did the team and its units do a vulnerability analysis
- E) Is a disaster plan in place for the team that addresses the issues in D
- F) Practice the plan and revamp has needed

Address the basic health and psychosocial needs of the Team:

- A) It is imperative that standing orders be obtained for the treatment of human illnesses. These should include orders from a medical officer in a flow chart type format that lists the treatment, drugs, and precautions to be used. This should be in a simple easy to understand format. The medications listed should be on site and the team “human” provider should be familiar with the list and how to dispense these drugs. It is also imperative that kits be made to treat allergic reactions both from environmental sources and from drug reactions. It is of note that many of the necessary medications can now be obtained over the counter to include antihistamines, loose stool, medications and gastric upset preparations. Most of the over counter medications are safe if used as directed. However an order from a medical officer is not only practical but also a requirement to dispense medications to others in most states.
- B) Ensure that medications for human use are on site and ready when needed for use. Prepackaged doses are easy to use and instructions are simple to print and provide. It is also a good idea for all members who have allergies have a “ medical alert” I.D. on at all times to avoid accidental dispensing to people who are in a compromised state. Over the counter medications should also be on site with orders on their use. Over the counter medications are cost effective and can be used as a first line defense for most minor ailments. They are also usually less expensive than their prescriptive versions and can be used at full strength with the proper order.
- C) Ensure that these medications are issued to each component of the team in amounts to cover at least the first 72 hours; a week supply of most medications could be carried in a backpack. Also attempt to establish a rotation of these medications to ensure that they are used within the established dates. It is also a good idea to carry medications that are the most stable in what may be rapidly changing environments. Leaving less stable medications at the B.o.O. if possible.
- D) It is perhaps a good idea to attempt to incorporate a “human” provider on all teams to look after the welfare of the team members. I would suggest flexibility in this area and open it up to Nurses, Paramedics and Pharmacists and E.M.T.s . Being safe needs to be the number one responsibility of every team in every situation.
- E) Records of past medical history and current needs need to be kept current and assessable. Yet we must respect these records and keep them safe and secure at all times. All vaccines to include rabies need to be in place.
- F) Standing orders need to cover the expected and the unexpected the

Needs of the team has a whole need to be considered and addressed. Standing orders need to cover simple sprain and scrape type issues to the treatment of antiphalyxis .

- G) Please be sure to look out for the overall well being of your team to Include stress and grieving issues. Caretakers need time to decompress and be allowed to express their feelings in a safe and supportive environment.
- H) Use mental health professionals to help with the issues of stress and P.T.S.D. team members who are active may not be able to address these issues in a manner that is effective.

Redundancy Issues:

- A) Training for non-vet personal needs to be incorporated into the basic overview and training encounters to include safe handling of animals, feeding, understanding orders and what not to do. This can be easily done during team meetings and should cover basics such as protective equipment and cross contamination procedures.
- B) Everyone should be familiar with the set up and placement of equipment in the field hospital, operation of this equipment is best left to those qualified to operate it, but placement and set up of this is and should be everyone's responsibility. This is something that can be incorporated with ease into the training program and even if all that can be accomplished is the correct placement of the equipment a lot has been accomplished.
- C) Who has what and where is it at? One of the most perplexing problems encountered with small units is accountability with keys, passwords and plans to include manuals and backup systems more than one member should have a complete set of all needed items required to open up, set up and turn on everything in the cache and every team should have at least one member who has access to these items just in case.
- D) Everyone needs to learn at least one back up job, but this needs to be realistic, I could not be a vet but I could matins records or set up communication equipment. And we all can unpack and set up equipment. It is also really important to respect people in this process. Learn their strengths and dovetail their assignments into this training process.
- E) Set up trainings that rotate personal into command functions so they at least become familiar with taking control of situations until a better-qualified person is on the scene. It is important to realize that containment may be just as important as direct action. If people are trained to set up the command area, and the field hospital and contain the situation until the other personal arrive a lot has been accomplished.
- F) Trained members respond better, and react in a safe manner and are able to communicate needs in a professional and accurate way. This is extremely valuable, saves times allows resources to be used in a rapid and cost effective way. Basic training modules and team exercises that are uniform with breakout groups are in place and should be extended to all members. In addition information directly related to specific jobs needs to be incorporated with those

receiving the training responsible for the education of other members at team meetings.

Think like a team:

- A) Who is in charge and what direction do they wish the team to go in, who is second in command? Who handles routine complaints? What is the chain of command and is this distributed to every member? Do members realize that may be rotated to other teams and their function may be different, Is every member aware of the basic set up of the command center and how to give a basic report when the next senior person arrives on the scene? These are some of the basic ideas that need to be addressed with every team member it assures that we are all on the same page at the same time.
- B) What team are you on? What do you do for and with the team? Are you able to communicate this to others and teach this function if practicable to others. *(I am not suggesting that the Vet teach a nurse how to be a vet but how to set up the command center or the O.R.) The object of this is to instill flexibility into our day-to-day operations. The other object is to set up a set of basic skills that can be utilized by the team as a whole. Teaching is the benchmark of preparation.
- C) What is the chain of command: A very basic question and one that needs to be formalized and distributed to every member of the team to ensure that turf battles are diminished and that the structure is understood. This also places every member in a defined job description and allows for smooth operations when setting up command centers and allows for flexibility of resources at staging areas. An intact structure will define itself if it is in place and operational.
- D) Did the team do a vulnerability analysis; was this distributed to all members for review? Did the master plan reflect needed changes? Are difficulties addressed in updated trainings? Are we reinventing the wheel? Did we learn from our mistakes and address these without blaming others. This is a severe learning curve we need to be flexible and learn from this. The object is not to assign blame but to go forth and learn. Go from this to the next step that of updating our plans and learn. The most important item I can pass on is that we will make mistakes but if we don't learn from these we will falter in the field.

I have addressed many items in this overview, These are presented to stimulate the process of allowing us as first line providers to think of safety first, and to streamline our planning and trainings to incorporate and improve on our ability to respond to disaster. DRAFT FOR REVIEW AND INPUT

Submitted by Chris Niles R.N. Please review and attach note card