

Disaster Mental Health Surge Tools and Resources - LA County EMS Agency Programs for Hospitals and Clinics

Integrated Training Conference
May, 2011

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Los Angeles County EMS Agency

Los Angeles County EMS Agency: Psychological Preparedness Activities for HPP Hospitals and Clinics 2001-Present

- In context of the HPP program
- Hired a full time mental health professional
- “Planning for Psychological Consequences” training for Hospitals and Clinics
- Operational rapid mental health triage and incident management system - PsySTART
- Staff triage and Staff resilience system

Training Offered by Los Angeles County: “Preparing Hospitals and Clinics for the Psychological Consequences for a Terrorist Incident or other Public Health Emergency”

Module 1: one-hour module for administrative and disaster planning and response staff

Module 2: one-hour module for hospital and clinic, clinical, mental health, and non-clinical staff

Other training materials and tools are available free at:

<http://ems.dhs.lacounty.gov/Disaster/DisasterTrainingIndex.htm>



County of Los Angeles
**Department
of Mental Health**



Module 1: Training for Administrative and Disaster
Planning and Response Staff

REPEAT for Health Care Facilities

Disaster Preparedness Self-Assessment Tool

Psychological Element*	Full Implementation (Score = 2)	Some Implementation (Score = 1)	No Implementation (Score = 0)	Your Score and Areas to Improve									
Structure													
Internal Organizational Structure and Chain of Command	<ul style="list-style-type: none"> Leadership recognizes the need to address psychological consequences Disaster plan includes MH in the incident command structure/ job action sheets Clear roles are identified for direct MH service to survivors and family; and staff 	Some of these structures are in place to address psychological consequences	There is no infrastructure to address psychological consequences	<table border="0"> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	2	1	0	_____	_____	_____	_____	_____	_____
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Resources and Infrastructure	<ul style="list-style-type: none"> Plan has been reviewed to ensure adequate resources and supplies will be available Resource list is available with information on who to contact (county DMH) Have capacity to handle a MH surge up to 50 times the number of physical casualties 	Some but not all resources that would be needed are available	Resources available are inadequate should a disaster occur	<table border="0"> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	2	1	0	_____	_____	_____	_____	_____	_____
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Knowledge and skills	<ul style="list-style-type: none"> MH staff are trained for roles in command structure and familiar with job action sheets MH staff are trained in MH assessment and early psychological intervention Staff receive hands-on training through exercises and drills to test plans 	Some staff have received some training activities on MH reactions and response	Staff have not received training on MH reactions and response	<table border="0"> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	2	1	0	_____	_____	_____	_____	_____	_____
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Subtotal Disaster Preparedness Self-Assessment Score (Structure: possible range = 0–6)													



County of Los Angeles
Department of Mental Health



How Prepared Is Your Facility?

— Key Recommendations —

- Add one or more mental health professionals to your facility disaster planning team
- Pre-identify one or more mental health staff or clinical staff for the hospital incident command
- Recruit staff for your facility disaster mental health team
- Include the surge of psychological casualties in your annual exercise program to test your mental health response plans



Mass Casualty Mental Health (MH) Implications

- Acute disaster mental health casualties will present in medical (ED) *not* MH settings.
- People will be asking for medical and not MH services.
- At-risk MH can be best identified in EDs, shelters, and schools *not* MH settings.
- MH among *the* most enduring long term health outcomes.

Rapid Disaster Mental Health Triage: Basic Premises

- Golden Hour for medical, “Golden Month” for mental health.
- Mass fatalities = insufficient mental health resources.
- Key MH strategy: timely matching of high risk to limited resources including evidence based treatments.
 - **“Most good for the most people.”**
 - Critical period for intervention = 30 days post event.
 - PsySTART permits rapid identification of high risk sub populations (in near real time) who need prompt care.
- Estimate needs funding for Federal DMH funding to manage surge (Stafford Act Crisis Mental Health Care).

PsySTART for LA County

PsySTART

(Pychological Simple Triage and Rapid Treatment)

LA County worked with Dr. Merritt “Chip” Schreiber (UCI) to adapt PsySTART for use by hospitals and clinics.

- Year 1 – Developed a pilot system for DRC hospitals and clinics and prototype tag
- Year 2 – Extended project to non-DRC hospitals and clinics, developed “Staff” and “Leader Tags”, Exercise
- Year 3 – Building a “staff resiliency system”.

What is PsySTART?

PsySTART

(Pychological Simple Triage and Rapid Treatment)

Four primary components:

1. Provides methods to link mental health to “disaster systems of care.”
2. Mental health triage “tag.”
3. Information Technology (IT).
4. ICS/HICS compliant Job Action Sheets(*proposed).

PsySTART, a “Solution Focused” Mental Health Rapid Triage Incident Management System

- Captures “what happened” *not* symptoms.
- What happened “**outside not inside**” (feelings).
- Establishes “Disaster Solution Focused Crisis Intervention.”
 - Targeted points of intervention
 - Triage to specific human services or MH resources (i.e., “resource typing” (based on risk factors))
- Produces a common metric of risk by facility countywide.

PsySTART MH Rapid Triage: Color Coding

- **Purple** – Mental Health Emergency
- **Red** – Immediate
 - Highest risk for crisis and long-term mental health impact
- **Yellow** – Delayed
 - Moderate risk for crisis and long-term mental health impact
- **Green** – Minor
 - Minimal risk for crisis and long-term mental health impact

LAC EMSA Command Aware System: PsySTART Integration

The screenshot displays the CommandAware Home dashboard. At the top, there are navigation tabs for Dashboard, Job Action Sheet, Library, and Communications. Below these, a secondary navigation bar includes Dashboard, Regional Snapshot, Capacity Report, and Mate. The main content area shows a breadcrumb trail: [CommandAware Home](#) > Dashboard. The 'Your Alerts' section contains three items: an **ALERT** for 10 overdue tasks, another **ALERT** for a new PsySTART report, and an **INFO** for 3 incomplete tasks. Below the alerts is a section for 'Incident Action Plan (HICS Forms)' with a table listing 'Form 201 Incident Briefing' as 'Not Published' with a 'Create' button. On the right, the 'Facility Status' section shows 'System Status' with links for 'Incident: (Manage Incidents)' and 'Operational Period', and a section for 'Active Hazards'.

CommandAware: Module Page - Mozilla Firefox

File Edit View History Bookmarks Tools Help

https://auth/s14/showModulePage.do?pageId=1248935599

Getting Started CA Sandbox CommandAware CA Authoring CA QA AVC Bugzilla Main Page PortBlue Wiki HRB Portal

CommandAware: Module Page CommandAware: Module Page Editor

Dashboard Job Action Sheet Library Communications

Dashboard Regional Snapshot Capacity Report Materiel Report Personnel Report Assessments

CommandAware Home > Dashboard

Your Alerts

ALERT A new PsySTART Report has been received

Incident Action Plan (HICS Forms)

Form 201. Incident Briefing	Not Published
Form 202. Incident Objectives	Not Published
Forms 203/204. Assignment List	Current
Form 261. Incident Action Plan Safety Analysis	Current

LA County Resources (Library)

LA County Resource Request ICS Form 213	LA County Resource Request Form.pdf
Licensing Program Flexibility Request Form- H1N1 Response	Licensing H1N1 Facility Request.pdf
PsySTART LAC Report	ICS-100.pdf

User Information: Keith Burke

Current Roles [\(change\)](#)

• Please Select Your Role!

Contact Information [\(change\)](#)

Email: kmburke@concerro.com

Phone:

Other:

Facility Status

System Status

Incident: [\(Manage Incidents\)](#) **Cancer Center practice session** (Practice Session)

Operational Period: **Extended (1,060h elapsed)**

Active Hazards: [\(change\)](#) CS-Link Downtime [Downtime procedures for CS-Link] (activated: 2010-10-01 15:53 PDT)

Hospital State [\(change\)](#)

Command Center Phone:	310-423-2800
Decontamination Capacity (patients per hour):	50 (Ambulatory) 10 (Non-Ambulatory)
ED:	Normal
Data Threshold:	30 min.

Operational Log (Update) (View)

From: Ryan Tuchmayer - Incident Commander,
Time Sent: 2010-10-01 15:51 PDT

Demonstration upload of inpatient summary of events sheet.

Document: [IP Summary of Events.xls](#)

Done



Los Angeles County
Board of Supervisors

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knebe
Fourth District

Michael D. Antonovich
Fifth District

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William Koenig, MD
Medical Director

10700 Pioneer Blvd, Suite 208
Santa Fe Springs, CA 90670

Tel: (562) 347-1500
Fax: (562) 941-5835

To ensure timely,
compassionate, and quality
emergency and disaster
medical services.



Health Services
<http://ems.dhs.lacounty.gov>

March 17, 2011

TO: Chief Executive Officer
Each Acute Care Hospital

FROM: Kay Fruhwirth *KFruhwirth*
Assistant Director
Hospital Preparedness Program Coordinator

SUBJECT: PUBLIC CONCERNS RELATED TO RADIATION
EXPOSURE FROM JAPAN NUCLEAR PLANTS AND
MONITORING IMPACT ON HOSPITAL VISITS

The damage to nuclear reactors in Japan has understandably lead to concerns about the safety of individuals throughout the world, including here in Los Angeles County. This concern can lead to many individuals seeking medical care and particularly requesting prophylactic pharmaceuticals such as Potassium Iodide.

In order to document the extent of this issue in Los Angeles County and provide the actual numbers of individuals presenting to hospitals seeking care or concerned about radiations exposure, the Emergency Medical Services (EMS) Agency is requesting your hospital to participate in daily monitoring. The monitoring tool and instructions are provided in the attachments.

While your participation is **voluntary**, armed with this information, the County could formulate risk communication messages and look at other strategies that might help divert patients from unnecessary visits with the goal to reduce any surge burden on your hospital.

If you have any questions please contact me at 562-347-1602 or kfruhwirth@dhs.lacounty.gov.

Attachments

c: Hospital Association of Southern California
Disaster Planner, Each Acute Care Hospital

PsySTART Concern Monitoring Form Completion Instructions

Version Final – 03/17/11

How to obtain the PsySTART Concern Monitoring Form for your facility: To request monitoring forms for your facility, send an email to LA-Support@psystart.org and make sure you identify what facility you are from. Please note: The PsySTART Concern Monitoring Form is coded specifically for your facility. Only use forms printed directly from the electronic (PDF) file that is sent to you. Print additional copies directly from the PDF attachment for your facility as needed. DO NOT USE PHOTOCOPIES OF THIS FORM since they may not be processed accurately.

When to fill out the forms: This form is used ONLY to track patients who present at your facility Emergency Department and/or Clinic(s) who report that the reason they are visiting your facility today is due to concerns regarding possible radiation exposure from the recent Earthquake/Tsunami/Nuclear Reactor emergency in Japan. DO NOT ASK EACH PATIENT THE QUESTIONS ON THE FORM – Simply fill out the form based on what the patient says about the reason (s) for their visit today as they are related to the emergency situation in Japan.

What is the reporting period: Midnight to midnight daily.

When to fax the PsySTART Concern Monitoring Form: Fax the completed form from the previous day every morning by 0800. Fax the form to the fax number listed on the form.

Who fills out the form: Give the form to the Triage Nurse in your Emergency Department and/or staff who are at the reception desk of your clinic. Use of this form by your facility is voluntary.

How to fill out the form:

1. Use black pen and fill all ovals that apply completely.
2. Put in the date in the date section at the top of the form
3. Give an approximate or estimated total census in your ED or clinic during the 24 hour reporting period in the space provided. (Estimate is fine – exact number is not needed.)
4. Record each new patient on a separate line of the form. Each form can record up to 25 patients. If more than 25 patients with radiation concerns (regarding the emergency in Japan) visit your facility that day, simply start using another new form. Fax all forms for each day in the same "batch" according to the instructions above. If you do not have ANY patients with concerns for that reporting period, then you do not need to fax the form.
5. For each patient with a concern, mark ALL items that apply.
6. Mark the GENDER that applies and write in the AGE of the patient with the concern.
7. Do not add any other information that is not requested on this form.

Questions?

If you encounter problems with the fax or the form please email: LA-Support@Psystart.org

Recommendations for Surge to Healthcare Facilities in Fear –Inspiring Disasters

- Lets be realistic about a surge of psychological causalities and the impact on our health systems by:
 - 1: Always including mental health surge estimates in surge planning models and facility disaster plans – more will present with concern than with injury!
 - 2: Develop a nationwide mental health triage standard for mental health triage based on exposure to the disaster not “symptoms”
 - 3: Systems to support staff resiliency should be an expected and routine part of our preparedness efforts

Contact Information

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