

# My Experiences in Emergency Preparedness

By Brooke Rossheim, MD, MPH

For more than 10 years, I served as a District Health Director with VDH. Currently, I serve in a different role. During those 10 years, our health district staff and I participated in numerous tabletop exercises to simulate public health and other emergencies and took part in emergency responses to real-world events. This included prolonged power outages, water main breaks, weather-related emergencies, and more. Since I am not speaking officially for VDH, I'm sending this from my own email account. If you have questions or comments, please use this email account to reach me.

Emergency preparedness and response (often referred to as EP&R) has become a core function not only for public health, but also healthcare facilities of all types including hospitals, nursing homes, assisted living facilities, dialysis centers, emergency departments (whether connected to a hospital or free standing), outpatient clinical practices, and more. After all, as we have seen with the COVID-19 pandemic as an example, emergency events can happen to any or all facilities, organizations, etc. During my time as a Health Director, I gained a lot of experience in the area of EP&R. I cannot provide the legal or mandated EP&R responsibilities; my goal is to offer practices that I believe will be useful based on my experience and knowledge. I will try to focus my responses on the long-term care community.

1. "Know them before you need them" - for long-term care facility (LTCF) medical directors and administrators, I strongly recommend that you become a part of the local EP&R community. Every city or county has a department of emergency management. Sometimes, it is housed within the fire department with Emergency Medical Services (EMS) or for larger cities/counties, it may be a stand-alone department.

- Reach out to the locality emergency manager where the facility is physically located and meet with them and their key staff in-person = get to know them and let them get to know you
- Exchange business cards and get their emergency contact numbers AND cell numbers and provide them yours as well. For example, who do you contact on a weekend at 2 AM and how do you reach them?
- Typically, there are regular county or regional EP&R meetings = ask if the medical director and administrator can attend and please do attend - you will meet other locality partners (police, fire, etc.) and they will meet you
- My suggestion is to invite the emergency manager and a few of their staff to tour your facility. This is helpful since they get a sense of the size of your facility, the layout, the resources you have, etc. This may start a good conversation about the status of emergency preparedness at the facility. Please note that locality emergency managers are there to help.
- If there is a regional EP&R coalition that includes multiple jurisdictions, my suggestion is to ask to join it - you will meet more people and become more involved in this community

- Ask to participate in city/county led tabletop exercises to simulate EP&R scenarios
- Once your facility has more EP&R experience, offer to hold or sponsor an EP&R tabletop exercise at your facility. The locality emergency manager and/or the local health department can likely offer help with putting this together

2. Knowledge about EP&R - in a recent newsletter, I believe a link was provided to courses about the Incident Command System (ICS) which is the basic framework for the response to an emergency. I wanted to provide more detail.

- ICS training is provided through FEMA (the Federal Emergency Management Agency) - you can register for a free FEMA student account which I recommend - see <https://training.fema.gov/emweb/is/icsresource/trainingmaterials/> for a list of ICS and other emergency management courses
- At a minimum, my recommendation is that the facility medical director and leadership team take the following courses:
  - IS-700 NIMS, An introduction. NIMS is the National Incident Management System. Typically offered online. Free. About 1 hour. Participant will receive a certificate online - please print and keep
  - ICS-100, Introduction to the Incident Command System. Typically offered online. Free. About 1 hour. Participant will receive certificate online - please print and keep
  - ICS-200, Basic Incident Command System for Initial Response. Typically offered online. Free. About 1 hour. Please print and keep certificate.
  - ICS-300, Intermediate ICS for Expanding Incidents. Typically, this is only an in-person interactive course that lasts at least one day and sometimes two days. There may be a fee depending on who is sponsoring and teaching the course. People who complete course will receive certificate which should be kept.
  - ICS-400, Advance ICS. This is also an in-person, interactive course that usually lasts one day. Keep certificate of completion.
  - A few words about ICS courses:
    - These courses build upon one another so please take them in the order above.
    - Yes, ICS courses can be dry at times. However, the information presented is important.
    - Who should take which ICS courses?
      - IS-700, ICS-100, and ICS-200 = everyone. These courses present important basic information.
      - ICS-300 and ICS-400 - these are more advanced courses and you may read in FEMA or ICS literature that they are only for people in leadership roles. Please remember that during a time of emergency things don't always go as planned. People may be injured or ill because of the emergency. People may not be able to get to work. In an emergency, people may be asked or needed to take on roles (for which they are qualified) that they may not do for

their day-to-day job. An employee not typically in a "leadership" role may be asked or needed to be in some type of leadership capacity depending on the circumstances. My suggestion is that anyone who is in any type of supervisory role currently take ICS-300 and ICS-400. In addition, anyone who is interested in ICS and might want to take a more active role should be given the opportunity to take ICS-300 and ICS-400. I don't see any downside in doing this.

- People should be encouraged to take other emergency management courses online or in-person that pertain to their work role.
- Encourage other healthcare professionals (physicians who have patients at the nursing home, OTs, PTs, speech therapists, contractors you rely on, etc.) to take the basic ICS package = IS-700, ICS-100, ICS-200. Encourage them to participate in tabletop exercises. The more people who are familiar with EP&R concepts and practices, the better the emergency response should be. ICS is designed to provide structure on an inherently chaotic event (an unforeseen emergency).

3. The health department - as noted above, EP&R is a core public health component. Every health district has a local emergency planner (known as a Local Health Emergency Coordinator or LHEC), a District Epidemiologist, and a local health director. Some larger health districts may have more than one LHEC or District Epidemiologist, and may have a deputy health director.

- At a minimum, my recommendation is to meet with the LHEC and District Epidemiologist in person. If possible to get everyone together, include the health director, deputy health director (if applicable), any deputy LHEC and/or deputy epidemiologists. Please exchange contact information, get their cell numbers, and provide yours. Invite them to your facility and give them a tour.
- These people can and will help you during a time of emergency.
- As an FYI, there are also Regional Health Emergency Coordinators (RHECs) and Regional Epidemiologists who cover regions of the state and multiple health districts. If you are able to meet them, that's great, but I don't believe it's a necessity. Also as an FYI, there is the VDH Office of Emergency Preparedness (OEP) which is located at the state central office in Richmond. The main contacts for your facility would be the district-level LHEC and District Epidemiologist.
- Typically, every health department has a Public Health Nurse Supervisor — this is another person to get to know (and for them to get to know you) since they often know about services that may be in the community, or other help, that can assist your residents or patients. This is another person to meet in-person and invite to your facility for a tour and to exchange contact information.

4. Encourage ALL your employees and ambulatory patients/residents (e.g., people in assisted living, dialysis patients, etc.) to have a "go kit" packed and ready at all times. Emergencies can happen without warning and sometimes there is little to no time to prepare a kit. Please

see [www.ready.gov](http://www.ready.gov). A sample emergency kit checklist is available at [https://www.ready.gov/sites/default/files/2024-05/ready\\_supply-kit-checklist.pdf](https://www.ready.gov/sites/default/files/2024-05/ready_supply-kit-checklist.pdf).

5. If there are **general** questions about health department-related emergency preparedness and response activities, please reach out to me and I'll answer if able. For **specific** EP&R questions that relate to your facility or a specific patient/resident under your care, please reach out to your local health department, local health district, or locality emergency manager.