Core competencies

Describe the role in responding to emergencies
- What will be the role of your institution
  - Continue functioning as usual or perform special services
  - Standby capacity for trauma patients
  - Long term care facilities become shelters for displaced seniors

Describe the chain of command in emergency response
- Federal Emergency Management Agency (FEMA)-and Incident Command Systems-define the chain of command
- On February 15, 2005 Michael Chertoff was sworn in as the second Secretary of the Department of Homeland Security.
- Depending on the scale of the emergency incident commanders can appoint information and safety officers and interagency liaisons

Identify and Locate the agency’s emergency response plan
- Become familiar with contents before an emergency.
- What is your designated role
- Brookhaven defines Emergency Management Team
Core competencies
- Describe Emergency response functions or roles and demonstrate them in regular drills
  - Demonstrate the use of equipment including Personal Protective Equipment (PPI) and skills required in emergency response during regular drills
  - Demonstrate the correct operation of all equipment used for emergency communication

Brookhaven Drills

Disaster Drills
- Eastern Long Island Hospital conducts two disaster drills annually scheduled in concert with local community services (e.g., the ambulance corps) to test emergency systems to ensure timely response in the event of an area disaster. One of the drills is external, and the other internal.

Recent Utilization of Emergency Preparedness
- Center Moriches High School—November 28, 2005: The Emergency Department’s ability to provide the necessary decontamination under Hazmat conditions was tested in real life on Monday of this week when we received 19 patients from Center Moriches High School in a well-publicized incident. We provided decontamination as needed to 10 of those patients. Students and teachers complained of feeling dizzy, nauseous or had headaches. Nothing was found at the school.

Emergency Preparedness
- In 2005 Mather Life Ways Institute on Aging conducted a national survey of 200 senior living organizations and found 91% of administrators felt their workforce was prepared for a disaster.
- Mather Life Ways Institute on Aging supported a 3 year cooperative agreement grant from the Health Resources and Services Administration and developed a program called PREPARE. Continuing education in emergency preparedness targeting geriatric care issues is offered via on-line continuing education.

Core competencies
- Describe communication roles in emergency response
  - Within agency—usual chain of command
  - With general public—single person assigned or scripted responses
  - Personal contacts—make plans in advance—suggestions developed by Red Cross and FEMA

Core competencies
- Identify the limits or your own knowledge, skills and authority and identify key systems resources for referring matters that exceed these limits
  - Nurses are generally seen as exceptionally versatile
  - Nurses working in disaster shelters must be able to recognize the presence of an acute illness

Core competencies
- Apply creative problem-solving skills and flexible thinking to the situation, within the confines of your role, and Evaluate the effectiveness of all actions taken
  - Situations that require you to think on your feet.
- Creative problem solving

22 Core competencies
- Recognize deviations from the norm that might indicate an emergency and describe appropriate action
  - Nurses are familiar with normal patterns of health and illness
  - Early detection and prompt notification
- Example:

23 Core competencies
- Participate in evaluating every drill or response and identify necessary changes to the plan
- Every nurse is to review the emergency response experience and contribute to the development of the plan
- Other Core Competencies
- Ensure that there is a written plan for major categories of emergencies
- Ensure that all parts of the emergency plan are practiced regularly
- Ensure that identified gaps in knowledge or skills are filled

24 Special Considerations for Elders in Disaster Situations
- Sensory changes, slowed response time, mobility impairment, transportation issues
- Chronic health status, medication use, dietary and nutritional issues
- Fear of loss of independence, memory changes and losses, fear of victimization
- Vulnerability to hyperthermia or hypothermia
- Communication barriers, culture or language barriers

25 Bioterrorism

26 Triage of Disaster Victims
- GREATEST GOOD FOR THE GREATEST NUMBER
- Decisions are decided on the likelihood of survival and consumption of available resources.
- Patients are triaged based on a priority and color code

27 Triage Category Immediate
- Immediate-Life threatening injuries but survivable with minimal intervention. Can deteriorate rapidly to expectant if treatment is delayed.
  - Priority 1
  - Color Red
  - Typical Conditions - airway obstruction from mechanical cause, shock, hemo or pneumothorax, burns 2nd/3rd of 15-40% of TBS

28 Triage Category - Delayed
- Delayed- injuries are significant and require medical care but can wait hours without treat to life or limb. Treated after immediate casualties
  - Priority 2
  - Color Yellow
  - Typical Conditions - stable abdominal wounds without evidence of significant hemorrhage, facial wounds without airway compromise, fractures requiring ORIF, most
eye and CNS injuries

29  Triage Category- Minimal
   □ Minimal- injuries are minor and treatment can be delayed hours to days, Moved away from main triage area.
   □ Priority  3
   □ Color  Green
   □ Typical Conditions- upper extremity fractures, minor burns, small lacerations without significant bleeding, psychological disturbances

30  Triage Category- Expectant
   □ Expectant- injuries are extensive and chances of survival are unlikely even with care. Separated from other casualties but not abandoned. Comfort measures
   □ Priority  4
   □ Color  Black
   □ Typical Conditions- penetrating head wounds, high spinal cord injuries, extensive wounds involving multiple organs, extensive burns, seizures or vomiting within 24 hours of radiation exposure, profound shock