Update on Public Health Emergency Preparedness and Response

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Director, Public Health Emergency Preparedness and Response
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Protecting and Promoting Health and Equity
Why does emergency preparedness matter?

Expert: I’ve never seen anything like ‘insane’ Rocky Fire
Opinion Will 'San Andreas' movie scare us into preparing?
### Public Health Emergency Preparedness Capabilities

<table>
<thead>
<tr>
<th>Capability</th>
<th>PHEP</th>
<th>HPP</th>
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</thead>
<tbody>
<tr>
<td>1. Community Preparedness</td>
<td>X</td>
<td>X (Healthcare Preparedness)</td>
</tr>
<tr>
<td>2. Community Recovery</td>
<td>X</td>
<td>X (Healthcare Recovery)</td>
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<tr>
<td>3. Emergency Operations Coordination</td>
<td>X</td>
<td>X</td>
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<tr>
<td>4. Emergency Public Information and Warning</td>
<td>X</td>
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<tr>
<td>5. Fatality Management</td>
<td>X</td>
<td>X</td>
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<tr>
<td>6. Information Sharing</td>
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<td>X</td>
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<tr>
<td>7. Non-Pharmaceutical Interventions</td>
<td>X</td>
<td></td>
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<tr>
<td>8. Medical Countermeasure Dispensing</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10. Medical Surge</td>
<td>X</td>
<td>X</td>
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<tr>
<td>11. Mass Care</td>
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<td></td>
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<tr>
<td>12. Public Health Laboratory Testing</td>
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<tr>
<td>13. Public Health Surveillance/Epidemiological Investigation</td>
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<td>14. Responder Safety and Health</td>
<td>X</td>
<td>X</td>
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<tr>
<td>15. Volunteer Management</td>
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Efforts in Preparedness

- San Francisco Department of Public Health
- Healthcare System
- Community
San Francisco Department of Public Health

Emergency Operations Coordination
Training

• Metric: Number of staff that are required to take the Disaster Service Worker (DSW) & Incident Command Structure (ICS) trainings who have completed these trainings
  • 2014 Policy developed for preparedness trainings

<table>
<thead>
<tr>
<th>Training FY14/15</th>
<th>Beg Year 11-14-14</th>
<th>End of Year 6-30-15</th>
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<tbody>
<tr>
<td></td>
<td>%Complete</td>
<td>% Complete</td>
</tr>
<tr>
<td>DSW 1</td>
<td>20%</td>
<td>49%</td>
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<tr>
<td>Personal Preparedness</td>
<td>17%</td>
<td>50%</td>
</tr>
<tr>
<td>ICS -00100</td>
<td>20%</td>
<td>43%</td>
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<tr>
<td>ICS -00700</td>
<td>18%</td>
<td>40%</td>
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</tbody>
</table>

• Working on a central way to track trainings- currently done manually
Response

• 2014-2015 year highlights:
  • Statewide Medical Health exercise- over 100 people participated
  • Ebola response-over 100 staff activated for the Ebola response

• After action reports
  • Provide additional training and exercise opportunities for new staff to include training on ICS, DOC structure and function, and use of incident management tools
  • Allot a specified amount of time for point of dispensing staff to read job action sheets and any supporting documentation the assignments may require.
  • DOC meetings should focus on the development of strategic objectives to guide the next operational period
Healthcare Coalition Preparedness

*Medical Surge*
All-Hazards Exercises and Trainings

Golden Thunder Multi-Agency Tabletop Exercise
August 2014
Radiological Emergency

Major Earthquake Functional Exercise
SF VA Med Center (April 2015)

Ebola Virus Disease Preparedness Partnering Activities with Healthcare:
Kaiser SF (May 2015) and SFGH (October 2014)

Statewide Health & Medical Exercise Nov. 2014
Medical Counter Measures: Medication Repackaging

Statewide Health & Medical Exercise Nov. 2014
Medical Counter Measures: Medication Dispensing
Enhancing the Healthcare Coalition

• Healthcare Coalition has focused on the DPH/Hospitals/Clinics partnership.

• Moving Forward......

• We plan to focus efforts on engaging partners to respond and recover from disasters and public health emergencies.
Community Preparedness
Building Resilient Neighborhoods

2014-2015 Focus:
- Vulnerable Populations & Climate Change

Partners:
- PHEPR, City Administrator’s Office, Other City Departments

Purpose: To build resilient neighborhoods which are more able to respond to and recover from disasters

http://www.sfclimatehealth.org/
Psychological First Aid

• Why Psychological First Aid?
  • Identified as a gap through a conducted needs assessment in FY 2013-14.

• Purpose: To help people cope during disasters and public health emergencies.

• Target Audience:
  • SF Neighborhood Emergency Response Team (NERT) Staff and Volunteers
  • Residential Care Home Staff & Administrators
- Develop a culture of preparedness
  - Continue to build capacity through training and response
  - Identify critical improvement recommendations and ensure incorporation of these recommendations
- Build and extend partnerships
Thank you!

• PHEPR team members:
  Tara Conner
  Teri Dowling
  Cindy Lambdin
  Amy Ovadia
  Gretchen Paule
  Kenpou Saechao
  Rebekah Varela
  Douglas Walsh
Update on Ambulatory Care Emergency Preparedness and Response

Leslie Dubbin, PhD, MS, RN
Chief Program Integration Officer, Ambulatory Care
August 18, 2015

Ambulatory Care: Where any door is the right door to receive seamless, coordinated, quality and appropriate care.
Ebola: A Case Study in the Need for Integrated Preparedness

2014: US woefully unprepared for an outbreak
San Francisco: Activated DOC
• CDC—population health, SFGH, LHH
• AC response
  • Screening—Two tiered approach
  • Training collaborative efforts with OHS
• Integrated drills with SFGH, EMS, LHH
Ebola: Lessons Learned for Ambulatory Care

• Lessons Learned
  • Recognized need for a fully integrated AC disaster response.
  • Mechanism for management of highly infectious diseases in outpatient setting
    • Practice Changes
• Challenges in maintaining competencies
  • Current efforts in place
  • Markers of success
Efforts in Integrated Preparedness

• Fully integrated AC disaster preparedness committee
  - PHEPR
  - BH
  - MCAH
  - PC
  - Facilities

• Communication Plan
  - Activation of crisis team and community engagement

• Office Emergency Procedures

• Required Disaster Training
  - DSW, ICS 100, 700 for staff; 800 for managers
Ambulatory Care Emergency Preparedness: Current State—Focus Primary Care (Phase 1)

• Primary Care
  • Disaster Training Modules: Conducted by Rosemary Lee, RN, PHN and John Brown, MD (Medical Director, Emergency Medical Services).
    • Module 1: 8 Phases of disaster response; roles and responsibilities of DSW; role of Primary Care in a disaster; basis ICS and START Triage; psychological assessment, triage and first aid review
    • Module 2: Clinical stabilization of common injuries
    • Module 3: Crisis standard of care (allocation of scarce resources); ethical considerations and dilemmas; common needs and reactions of disaster survivors, disaster recovery
  • Status: Currently, approximately 600 staff have completed all three modules and as of September, 2015 all 14 PC clinics will have had all 3 module trainings
Ambulatory Care Emergency Preparedness: Current State—Focus Primary Care (Phase 2)

- **Goal**: Move beyond basic didactic training to hands on experience to test our disaster plans, tools and capabilities.

- **Method**
  - Table top exercises for each clinic’s management/command team and staff
  - Multidisciplinary single site exercises that will include participation from DOC, SFGH, and AC local command
    - PHHC-September 24, 2015

- **Metrics and Tools**
  - Scoring of basic competencies
  - Determining surge capacity and capabilities (numbers and complexity)
  - Exercise Evaluation Guide (EEG)
  - Outside evaluators (PHEPR)

- **Fully Developed Disaster plans**: Standardized all-hazards plans that includes site specific procedures
Ambulatory Care Emergency Preparedness: Future State (Phase 1)—Focus BH, CBO sites and MCAH

• Goal: To fully coordinate all AC areas into an integrated disaster preparedness plan

• Method
  • Inventory of all BH, MCAH and CBO contractor sites
  • Developing AC Division Communication plan
  • Facility reporting procedures
  • Creation of site specific emergency procedure plans

• Metrics and Tools
  • Disaster trainings (Begin 3-Module Training Jan. 2016)
  • Develop Metrics specific to each section
  • Determining surge capacity and capabilities (numbers and complexity)

• Fully Developed Disaster plans: Standardized all hazard plans that are site specific
Thank You

• Leslie Dubbin, PHD, MS, RN—Chair AC Disaster Committee
• Rosemary Lee, RN, PHN—AC Emergency Management Coordinator
• Cindy Lambdin, RN, MS—Health Care Coordinator, PHEPR
• Lann Wilder, EMTP, CHEP —Director of Emergency Management, SFGH