

School-Based Emergency Preparedness: Tackling Family Reunification

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PRESENTED BY

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Emergency Management Staff

- Jason Henry
 - Corporate Emergency Management Officer



- Greg Reed
 - Emergency Management Lead Cox Branson



- Samson Porter
 - Emergency Management Lead Cox Monett





Additional Key Staff

- John Archer
 - Administrative Director, ED Springfield



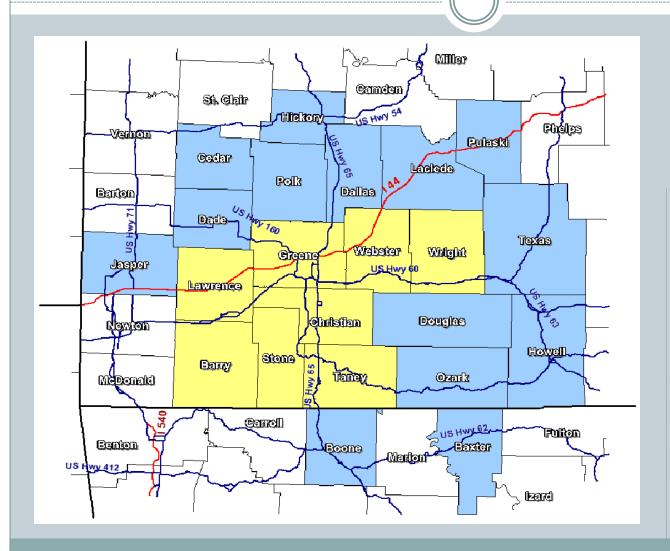
- Fehron Bivens
 - Lead HazMat Instructor

- Bill Breshears
 - Mobile Communications Leader

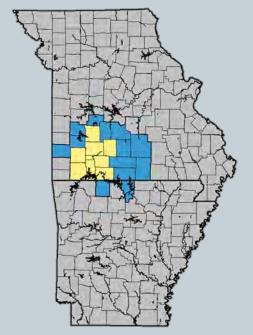




Emergency Management Coverage Area



25- County Service Area Organizationally





Emergency Management Coverage Area



Staff:

- 10,148 Employees
- 677 Staff Physicians
- 1,194 Volunteers
- 954 Licensed Beds

Facilities:

- 5 Hospitals
- 12 Multi-story buildings
- 15 EMS "Barns"
- 83 Regional Clinic locations



What is "Family Reunification"?

Family Reunification is defined as:

Simplest Form:

"process of returning children to their parents [and/or legal guardians]".

Complex Form:

"the considerations, strategies, & actions vital to the reestablishment and reuniting of families after a variable period of involuntary separation".



Do We Really Need a "Process"?

Everyday Statistics

- Children account for 25% of the Nation's population
- Any given weekday, 67 million children are in schools or daycare settings away from their families
- 63% of parents surveyed, say they would disobey evacuation type orders to find their children during emergencies





Still Not Convinced?

Everyday Statistics

- Last 2 decades, over 800
 million people adversely
 affected by disasters: Half
 were children
- Last 5 years, 75 million children impacted by catastrophic events
- "Complex humanitarian emergencies" more prevalent:
 - o Civil Unrest
 - o Economic Collapse
 - Population Displacement





Real-World Incident Examples

Hurricane Katrina 2005

- National Center for Missing and Exploited Children (NCMEC) Hotline received over 34,000 calls
- Post-Katrina, several federal acts & mandates were issued related to child reunification

- Unaccompanied Minors Registry (UMR) formed
 - Ability to collect, store, report, and act on information related to children during disasters
 - Remains open at all times
 - Managed by the NCMEC
 - State and Local emergency planners can access the UMR



Real-World Incident Examples

Sandy Hook 2012

- "Approximately" 700
 students present in the
 school at time of incident
- 20 Kindergartners and 1st Graders were murdered, along with 6 adults
- Nearby firehouse
 becomes the "rally point"
 for parents & children





Real-World Incident Examples

Moore, OK Tornado 2013

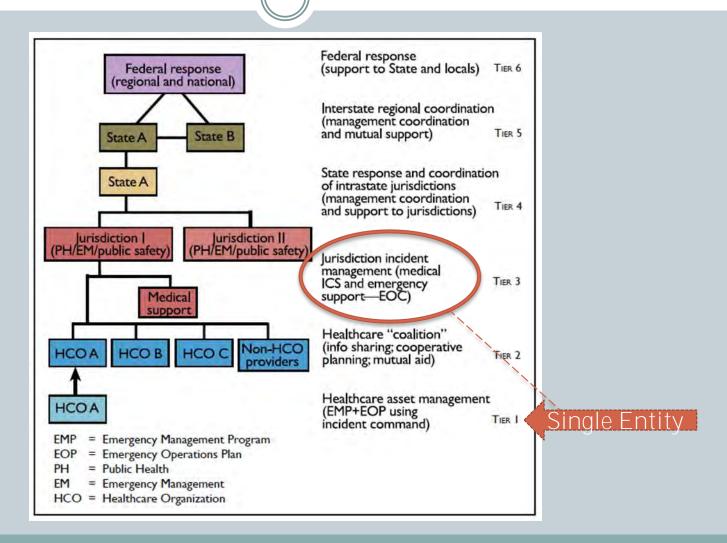
- Massive EF5 tornado hits
- Direct impact to 2 local schools:
 - o Plaza Towers (7 drowned)
 - Briarwood
- Each school had approximately 500 students in attendance
- Evacuated to nearby churches (before & after)







How Do We Respond?



Source: Medical Surge Capability and Capacity, Barbera & Macintyre



What is a Healthcare Coalition?

• Primary Role:

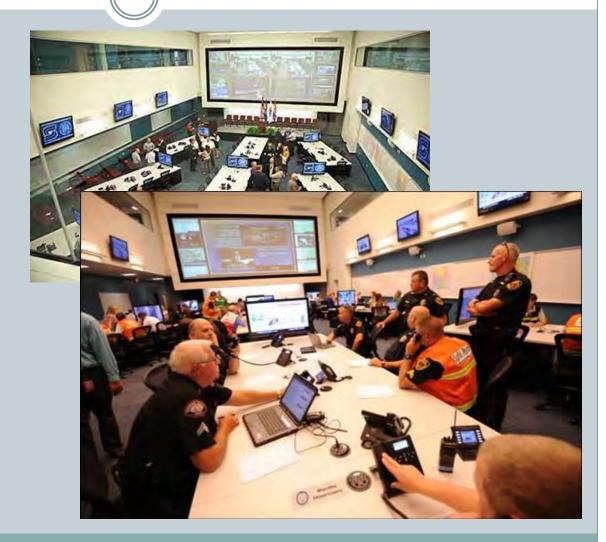
- To <u>Communicate and Coordinate</u> activities within the health sector prior to, during, and after an all-hazard type incident
- Not to interfere with official command and control structures authorized by local and state emergency management
- Has evolved over the last several years
 - Official seat in the Greene County Emergency Operations Center at the ESF-8 (Public Health and Medical) desk
 - ▼ Primary liaison within the Region D MACC



Local EOC Involvement

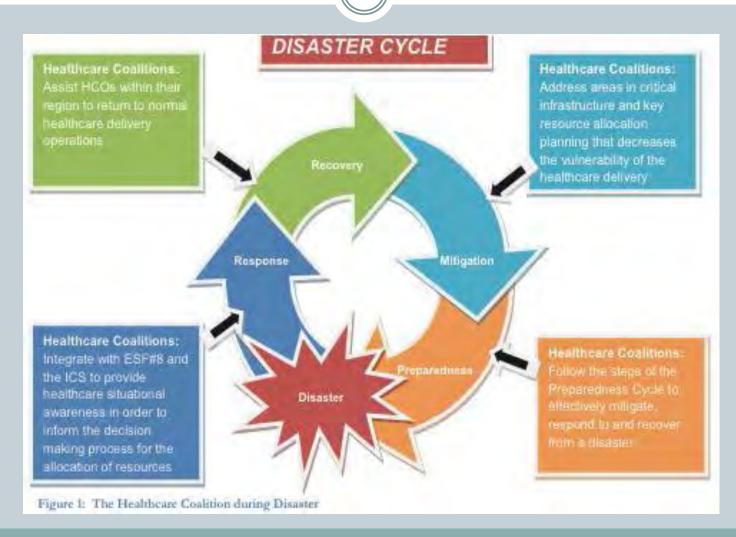
Coalition and/or Individual Healthcare Entity

- Seat at the Emergency Support Function (ESF) – 8 Desk
- Public Health
- EMS
- Additional healthcare partners as needed



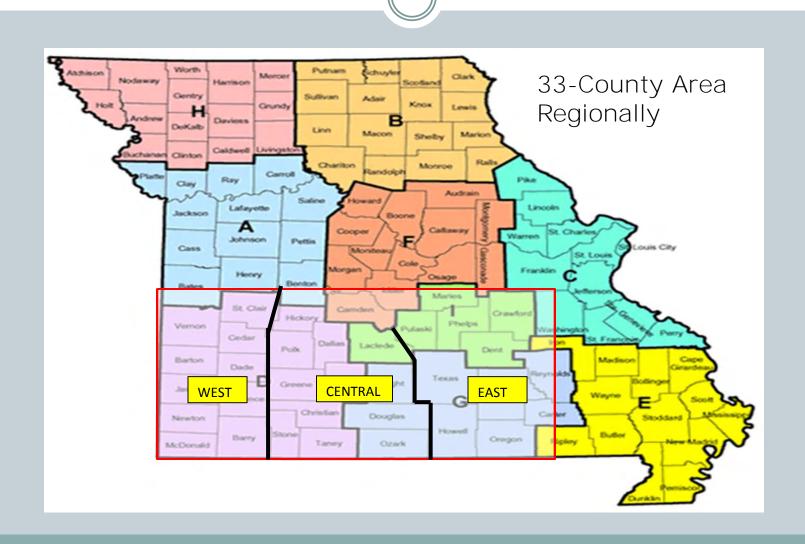


The Coalition Disaster Cycle





Southwest Healthcare Coalition





Coalition Triggers and Priorities

Trigger Examples:

- HazMat Incidents
- Aircraft Emergencies
- MCI > 5 total patients
- Pandemic/Epidemic
- Closed ED or Hospital
- Activation of other Regional Coalitions

Priorities:

- Severe Winter/Ice Storm
- Pandemic/Epidemic
- Adverse Weather Tornado
- HazMat Incident
- Patient Surge/ Mass Casualty



Additional External Involvement

Local:

- Local Emergency Planning Committee (LEPC)
- Community Organizations Active in Disaster (COAD)
- Community Emergency Response Teams (CERT)
- Highly Infectious Diseases
 Planning Committee

Regional:

- Regional Homeland Security Oversight Committee (RHSOC)
- Southwest Missouri Emergency Support Organization (SMESO)
- Regional Decon Training Facility



Additional External Involvement

State-Level:

- State Advisory Council
- EMResource State Advisory Council
- Decon State Advisory Council
- Coordinating Council

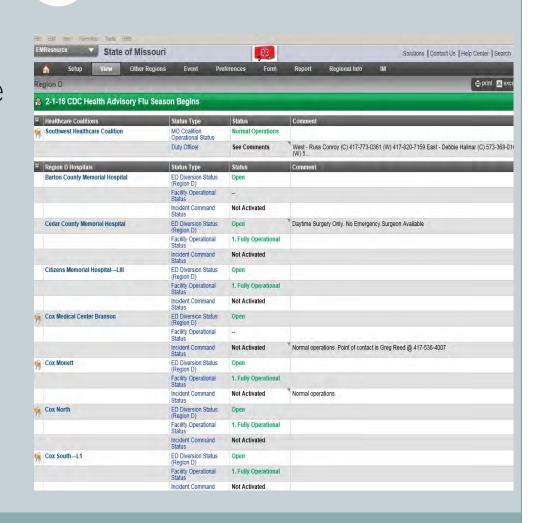
- HCC Partnership (DHSS and Hospitals)
- Pandemic Ethics Network
- Pediatrics in Disaster
- Intelligence Liaison Officer (ILO) Program



Tools We Use

EMResource

- Provides an immediate snap-shot
- Customizable
 - Coalition-based
 - Organizational
 - Type-specific
- Sends Alerts/Queries
 - MCI
 - HaVBed
- Run Reports

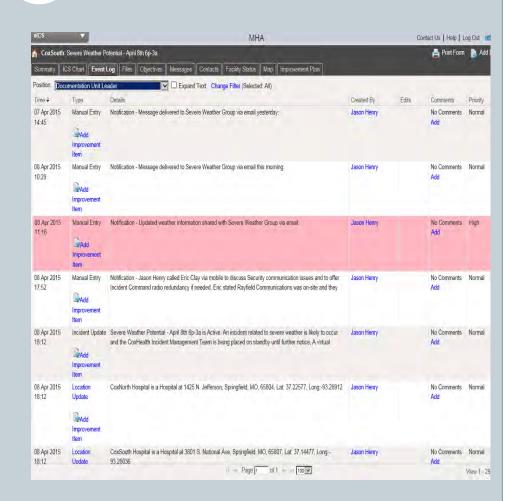




Tools We Use

<u>elCS</u>

- Provides electronic incident documentation
- Customizable
 - Build own ICS Chart
 - Set own Objectives
 - Add websites as needed
- Alert Notifications
- Print in ICS Forms for reimbursement

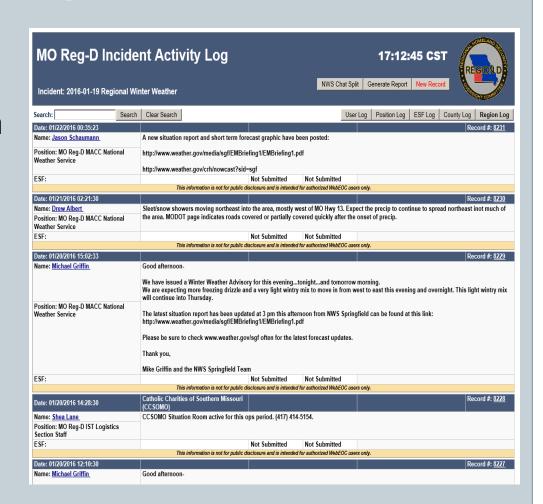




Tools We Use

WebEOC:

- Provides electronic documentation within entire Region
- Increases information sharing
- Provides immediate situational awareness
- Resource request process





Assets We Manage

CoxHealth Emergency Management Assets:

- Decon Trailer
- Surge Trailer
- Communications Trailer
- Respiratory Trailer
- Generator Trailer
- PPE Cache
- Med/Surge Cache
- Regional Decon Facility





Mobile Communication:

- Provides mobile communication capabilities:
 - VHF Radio
 - UHF Radio
 - HF Radio
 - Wi-Fi
 - Satellite TV
 - MOSWIN Radio
 - Emergency Lighting
 - Re-establish Electronic
 Medical Records (EMR)





Respiratory Trailer:

- DOCS 66 O2 Generator
 - Produce medical-grade O2@ 66 liters/min
- 10 Portable Ventilators
 - Adult/Pediatric capable
- HOBS system
 - Oxygen Backup Supply
- MOST system
 - Multi-patient O2 delivery
- CODS system
 - Mobile O2 delivery





25 KW Generator:

- Runs various assets
 - Mobile Comms Trailer
 - Respiratory Trailer
- Can be used for a variety of other needs
 - Support shelter needs
 - Other emergency functions as needed





Regional Decon Facility:

- Provide Training for:
 - All designated CoxHealth employees
 - Regions D, G, and I
 - Awareness and Operations Level Training (OSHA)
 - Collaborate with local Fire
 Department HazMat Teams
 - Disease-specific response

 (ie: Ebola or other Highly
 Infectious Diseases)





How We Worked With Schools

First:

- Met with Administrators at both schools:
 - o Ozark R-VI
 - o Republic R-III
- Established purpose and mutual understanding of both needs & benefits
- Conducted pre-planning meetings to outline objectives/tour facilities

- Explained process for exercise development
- Set date/time to conduct a Tabletop Exercise with key school leadership
- Conducted and evaluated the exercise(s)
- Finalized After Action Report(s)



Exercise Facilitators

- Lead Facilitator and Exercise Controller
 - Manages exercise play, keeps the flow
- Operations Facilitator
 - Promotes discussion for those "taking care of others", the "doers"
- Command Facilitator
 - o Promotes discussion for those in charge of the incident
- Planning Facilitator
 - Promotes discussion for the "thinkers"
- Logistics/Finance-Admin Facilitator
 - Promotes discussion for the "getters" and the "payers"
- Exercise Recorder/Time-Keeper
 - o Keeps exercise play on track, on time, and photo documentation



Exercise Design

Divided Exercise into 4 Main Sections:

- Mitigation:
 - What can be done to <u>lessen</u> the impact ahead of time?
- Preparedness:
 - How do we better prepare ourselves, students, & parents?
- Response:
 - What does the response process look like? Is it manageable?
- Recovery:
 - o When/How do we return to normalcy?



Four Main Objectives

- Mass Casualty Triage Process
 - Initial triage by teachers/nursing/staff
 - Basic First-Aid practices
 - Triage, treatment, and transfer point
- Communications Internal
 - Runners, Radios, and Rumors
- Communications External
 - Phones and Public Information Officer
- 4. Family Reunification Process
 - Process during evacuation
 - Process post-transportation and treatment







1. Mass Casualty Triage Process

Initial triage by teachers/ nursing/ staff



Basic first-aid practices

Triage, treatment, and transfer points

- Teachers, Counselors, and School Administrators in general need a better understanding of "Initial Triage"
 - How it is performed
 - Proper triage categories
 - First line of response
- Basic first-aid supplies, training, and practice should be performed by all school officials
- These areas should be predefined & discussed as much as possible



2. <u>Communication-Internal</u>

Runners

Radios

Rumors

- Runners are a rudimentary tool, however they may be crucial during a crisis
- Interoperability is <u>extremely</u> important
- Know what you have, what you need moving forward
- Social media can be an amazing tool if used properly
- Get out in front of the rumors with information & <u>direction</u>



3. Communication- External

Contacts

Public Information Officers

- Your day to day external contacts may be your lifeline during an emergency, <u>literally</u>.
- Keep your contact list in more than one place, mobile, & share it with others
- Identify who will fulfill this role, make it 3 deep
- Then train them & use regular day to day activities to practice scripting messages, etc.
- May be the face of the crisis



4. Family Reunification

Process during evacuation

- Script a plan that makes sense & is realistic
- Use an "a la carte menu" for the schools Emergency Operations Plan (EOP)
- When in doubt, improvise.
- Use existing resources
 - Daily classroom roster
 - Go-kits for each classroom
- Follow 3 Steps:
 - Preservation of life
 - General safety
 - Victim tracking



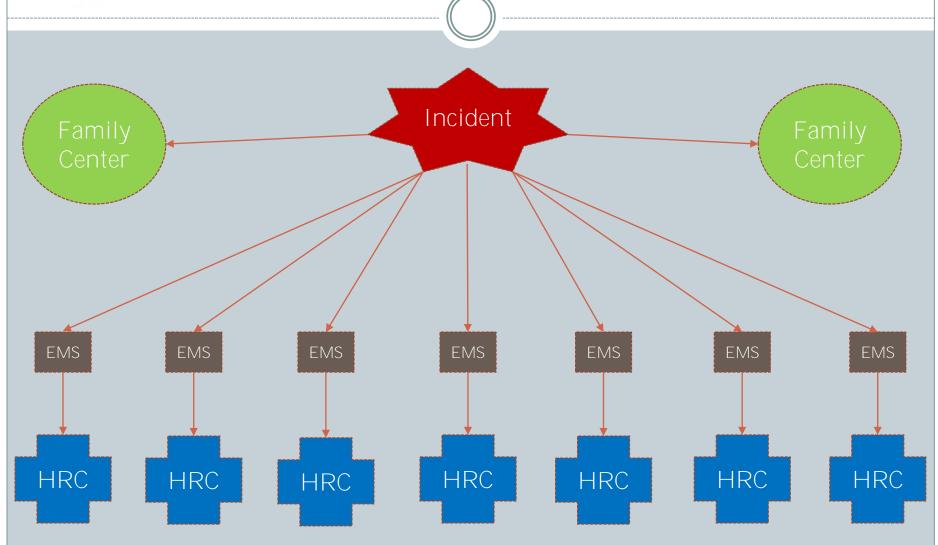
Family Reunification

 Process post-transportation and treatment

- Understand & educate staff members on the process
- One or two hospitals will most likely <u>NOT</u> be enough
- Pre-determine additional hospital locations, make contact before the incident occurs
- Discuss your plans with parents
- Prepare for stress debriefing needs
 - Students
 - Faculty
 - Parents
 - Volunteers
 - Yourself



The Visual Perspective



Source: (Built & Designed by Jason Henry, EM Officer, CoxHealth)



Questions?

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