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US Response to Disasters and Public Health Emergencies

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Welcome!
Let’s Start with Participant Introductions

- Name
- Institution
- Job title
- Brief experience with disaster/emergency response & what you wish to get out of this class
Course Structure

• Participant Introductions
• Pretest
• Course Objectives
• Prerequisites
• Course Content
  1. Basic Terminology
  2. US Organizations and Reporting Structures
  3. History and Early Legislation
  4. 9-11
  5. ICS, NIMS, HICS, NRF
  6. Katrina
  7. Post Katrina Legislation
  8. Incident Communications
  9. Volunteers & Humanitarian Response
  10. US Response to International Incidents
  11. The Haiti Earthquake
  12. Role of the Disaster Information Specialist
• More Information
• Posttest
• Evaluation
Pretest

Emergency Alert System Test

This is only a test, regularly scheduled programming should resume shortly.
Objectives. This class will:

1. Provide an introduction to disasters and public health emergencies as conducted in the United States with emphasis on medical response.

2. Describe efforts to provide framework and order before, during, and after emergencies and disasters.

3. Increase understanding and empathy with those affected, first responders, incident commanders, and administrators.

4. Increase knowledge of where information specialists might fit into the US framework for disaster/emergency response.
Prerequisites

• FEMA classes on the Incident Command System (ICS) and the National Incident Management System (NIMS) are recommended, but not required, prerequisites for this class.

• We will include a review of those concepts.

http://training.fema.gov/EMIWeb/IS/IS100b.asp
http://training.fema.gov/EMIWeb/IS/IS700a.asp
Successful Course Completion

• Participate in all activities and exercises
• Complete pre and post tests
• Complete the end-of-course evaluation

Please phones to vibrate.
Let’s get started!
Basic Terminology

See also: http://disaster.nlm.nih.gov/dimrc/glossaries.html
**What Is an Incident?**

An occurrence or event, natural or manmade, that requires a response to protect life or property.

- Major disasters
- Emergencies
- Terrorist attacks
- Terrorist threats
- Civil unrest
- Wildland and urban fires
- Floods
- Hazardous materials spills
- Nuclear accidents
- Aircraft accidents
- Earthquakes, hurricanes
- Tornadoes
- Tropical storms
- Tsunamis
- War-related disasters
- Public health and medical emergencies
- Other occurrences requiring an emergency response

Source: [http://training.fema.gov/EMIWeb/IS/IS100b.asp](http://training.fema.gov/EMIWeb/IS/IS100b.asp)
What Is a Catastrophe?

- A catastrophe is “any natural or manmade incident, including terrorism, that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions.”

Basic Terminology

- **Disasters**
  - Terrorism
  - Natural disasters
  - Manmade disasters, i.e. industrial or transit accidents

- **Emergencies**

- **All-hazards**
Basic Terminology

• Disaster declaration
• Public health emergencies
• Pandemic and declarations of pandemics
• Medical surge and surge capacity
Common Phases of Emergency Management


A/an _________ is defined as “any natural or manmade incident, including terrorism, that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions.”

A. Emergency
B. Disaster
C. Catastrophe
D. Incident
US Organizations and Reporting Structures
US Government Agencies with Disasters/Emergencies Responsibilities

- **Department of Homeland Security (DHS) (Operational Responsibility)**
  - Federal Emergency Management Agency (FEMA)
  - Health Affairs

- **Department of Health and Human Services (DHHS) (Medical Responsibility)**
  - ASPR/Office of Emergency Preparedness and Operations (OPEO)
    - National Disaster Medical System (NDMS)
  - Office of the Surgeon General
    - Medical Reserve Corps (MRC)
  - Health Resources and Services Administration (HRSA)
  - Centers for Disease Control (CDC)
  - National Institutes of Health (NIH)
    - National Library of Medicine (NLM)
      - Specialized Information Services (SIS)
        - Disaster Information Management Research Center (DIMRC)
      - Library Operations
        - National Network of Libraries of Medicine (NN/LM)

http://www.fema.gov/pdf/about/org_chart.pdf
FEMA Regional Offices

http://www.fema.gov/pdf/about/org_chart.pdf
One Example of State Government Emergency Response

One Example of State Government Emergency Response

- Director
  - Division of Emergency Management
    - Finance and Administration Bureau
      - Human Resources
      - Budget Section
      - Finance Section
      - Procurement Section
    - Preparedness Bureau
      - Natural Hazards Unit
      - Technological Hazards Section
      - Training and Exercise Units
    - Response Bureau
      - Operations Section
      - Logistics Section
      - Infrastructure Section
      - Domestic Security Section
    - Recovery Bureau
      - Individual Assistance
      - Public Assistance Program
      - Environmental and Debris
      - Fire Management Assistance Grant Program
    - Mitigation Bureau
      - Hazard Mitigation Grant Program
      - Pre-Disaster Mitigation Program
      - Flood Mitigation Assistance Program
      - Severe Repetitive Loss Program
      - Repetitive Flood Claims Program
      - State Hazard Mitigation Plan
History and Early US Legislation: Responding to Lessons Learned
Disaster Preparedness and Response Legislation

• Before 1950: New Law for each disaster

• **Federal Disaster Relief Program of 1950:** Supplemented State and local govts to alleviate suffering and damage from major disasters. Only for response.

• **Disaster Relief Act of 1966** expanded Federal assistance to recovery, to help reestablish communities after disasters.

http://training.fema.gov/emiweb/downloads/is7unit_3.pdf
Legislation

- 1970s – Series of wildland fires in California.
  - Collaborative study of lessons learned.
  - Biggest problems were poor management and poor communications.
  - Needed better system for all to work together. (Incident Command System and National Incident Management System have early roots here.)
Legislation

- **Federal Emergency Management Agency** created by President Carter on March 31, 1979. Transferred all disaster-related statutory authority that had been vested in the Presidency or other Federal agencies to FEMA. [http://www.fema.gov/about/history.shtm](http://www.fema.gov/about/history.shtm)
- [http://www.fema.gov/pdf/about/org_chart.pdf](http://www.fema.gov/pdf/about/org_chart.pdf)

- **Stafford Act of 1988**. Under the Stafford Act federal assistance is only released if governor of state asks, or the event is so obviously catastrophic that the federal government must take action. It is major legislation under which FEMA operates today. Revised in 2011 to include libraries as essential services. [http://www.fema.gov/pdf/about/stafford_act.pdf](http://www.fema.gov/pdf/about/stafford_act.pdf)
Audience Response

Key aspects of the Stafford Act are:

A. Responsibility for an incident is handled at the most local level possible.
B. It authorizes the Federal Emergency Management Agency.
C. Libraries are essential services.
D. All of the above
E. 1 and 2 only
September 11, 2001 terrorist attacks change everything.

Photo Credits: FEMA, Photographer: Andrea Booher. 9-11 Memorial Service, 2007
Consider as you watch the video...

What observations you have about the 9-11 video on World Trade Center Building 5, from the perspective of disaster preparation, planning, response, recovery or mitigation.

In other words, what did we learn from 9-11 for preparation and mitigation in the future?
• Remembering 9/11: http://www.history.com/topics/9-11-attacks/interactives/witness-to-911

• After the interactive site opens, click WTC5, http://www.history.com/topics/9-11-attacks/interactives/witness-to-911#

• When it finishes, click on the Interview with Evan Fairbanks: http://www.history.com/topics/9-11-attacks/interactives/witness-to-911#/wtc-building-5/
Discussion

What observations you have about the 9-11 video on World Trade Center Building 5, from the perspective of disaster preparation, planning, response, recovery or mitigation.

What can/did we learn from 9-11 for preparation and mitigation in the future?
What did we learn from 9-11?

- Need to more actively prepare at all levels
- Need scalable processes for response, even for incidents we cannot imagine or anticipate
- Need standardized, interoperable communications
- Need process for handling spontaneous onslaught of volunteers
- **Need strategies for homeland security and a framework for national response**
Legislative and Federal Initiatives


FEMA Over Time

• Independent agency under President Carter in 1978, brought together many related agencies
• Purpose to coordinate response to incidents that overwhelms local and state resources
• Gov must declare state of emergency and request from President for FEMA and federal govt response
• Organized as a regional response system
• Moved to Department Homeland Security after 9-11, for improved coordination w. related agencies
• But ... was the FEMA ability to respond to disasters and emergencies compromised when it went under DHS with mission to address domestic terrorism?
Homeland Security Act

The primary mission of the Department of Homeland Security is to:

– Prevent terrorist attacks within the US
– Reduce the vulnerability of the US to terrorism
– Minimize the damage, and assist in the recovery, from terrorist attacks that do occur in the US

Triggered Homeland Security Presidential Directives:
• HSPD-5: Mgmt of Domestic Incidents
• HSPD-7: Critical Infrastructure
• HSPD-8: (now PPD-8): National Preparedness
• HSPD-21: Disaster Healthcare
Thought Question

The US Coast Guard reports to:

A. The Department of Commerce
B. The Department of Defense
C. The Department of Homeland Security
D. The Department of Transportation
E. Someone else
FEMA reports to:

A. The US Department of Health and Human Services, OPEO
B. The US Department of Homeland Security
C. The US National Incident Management System
D. The US Department of Emergency Preparedness and Response
E. None of the above
The National Strategy for Homeland Security

1. The Incident Command System
2. The National Incident Management System
   • The Hospital Incident Command System
3. The National Response Framework
Incident Command System

• A subcomponent of the National Incident Management System:
  http://www.fema.gov/emergency/nims/IncidentCommandSystem.shtm

• ICS training:
  http://training.fema.gov/EMIWeb/IS/IS100b.aspLink
Incident Command System (ICS)

**Why**

- Developed in 1970s by interagency cooperative task force working to combat wildland fires
- Identified weaknesses in incident response

**When**

For all events either planned or unplanned:

- Natural disasters
- Man made disasters/hazards
- Planned events
Incident Command System (ICS)

Key Features

• Standardization
  ▪ Common terminology

• Command
  ▪ Establishment of command
  ▪ Transfer of command
  ▪ Chain of command
  ▪ Unity of command

• Planning/Organizational Structure
  ▪ Management by objectives
  ▪ Modular organization
  ▪ Incident action plan
  ▪ Manageable span of control
Incident Command System (ICS)

Key Features

• Facilities and Resources
  ▪ Incident locations and facilities
  ▪ Comprehensive resource management

• Communications/Information Management
  ▪ Integrated communications
  ▪ Information and intelligence management

• Professionalism
  ▪ Dispatch/deployment
  ▪ Check-in
Unified Command

- At an incident scene (fire, major accident etc.) a “unified command” may be established.
- In this case, Incident Commanders or various representatives share the responsibility for the incident and will manage the response from a single incident together.
- They use a common Command Post and use a consolidated Incident Action Plan (IAP) to direct response activities.
- These commanders will supervise a single command.
- Unified command organizes and speaks with one voice.
A store employee at a small shopping mall discovers a package leaking a noxious smelling chemical in a storage room. No one is sure how long the box has been there, or how long it has been leaking. Employees and customers are beginning to complain about feeling lightheaded and nauseous. The business owner calls 911. In the meantime, the mall security manager arrives to see why people are rushing out of the store. The security manager establishes the initial ICS organization.

• In the incident described above, the mall security manager has assumed which role?
Discussion

The Administrator of FEMA is ultimately in charge of an incident.

A. True
B. False
Organizational Structure

Major management functions that are the foundation upon which the ICS organization develops.

1. **Incident Command:** Sets the incident objectives, strategies, and priorities and has overall responsibility for the incident. May be assisted by section chiefs.
2. **Operations:** Conducts operations to reach the incident objectives. Establishes the tactics and directs all operational resources.
3. **Planning:** Supports the incident action planning process by tracking resources, collecting/analyzing information, and maintaining documentation.
4. **Logistics:** Provides resources and needed services to support the achievement of the incident objectives.
5. **Finance & Administration:** Monitors costs related to the incident. Provides accounting, procurement, time recording, and cost analyses.

National Incident Management System (NIMS)

http://www.fema.gov/emergency/nims/index.shtm
Back to the Homeland Security Presidential Directives

• **2003 - HSPD 5**: Calls for a single comprehensive system to enhance ability to manage domestic incidents. Requires DHS to coordinate with other departments and states to establish a National Incident Management System (NIMS) and a National Response Framework (NRF)
  https://www.hSDL.org/?view&did=439105

• **PPD 8** describes the way Federal departments and agencies will prepare. It requires DHS to coordinate with other Federal departments and agencies and State, local, and tribal governments to develop national preparedness guidelines.

1. Issued by President George W. Bush in February 2003
2. Created the National Incident Management System (NIMS)
3. Consistent template for governmental, private sector, and nongovernmental organizations
4. Applicable to incidents and all hazards to improve coordination and cooperation between public and private responders
5. Requires adoption of NIMS by September 6, 2006, across all sectors of the federal, state, and local government and by local organizations (except hospitals -> deadline: August 2008)
6. Compliance is a condition for receiving federal assistance.
NIMS – Three Key Organizational Systems

• The *Incident Command System* *defines the operating characteristics*, management components, and structure of incident management organizations for the duration of an incident.
  

• The *Multiagency Coordination System* *defines the operating characteristics*, management components, and organizational structure of supporting entities.
  
  [http://www.fema.gov/emergency/nims/MultiagencyCoordinationSystems.shtm](http://www.fema.gov/emergency/nims/MultiagencyCoordinationSystems.shtm)

• The *Public Information System* *includes the processes, procedures*, and systems for communicating timely and accurate information to the public during an emergency.
  
  [http://www.fema.gov/emergency/nims/PublicInformation.shtm](http://www.fema.gov/emergency/nims/PublicInformation.shtm)
National Incident Management System (NIMS)

What

NIMS provides a systematic, proactive approach guiding departments and agencies at all levels of federal, state, local and tribal governments, the private sector, and nongovernmental organizations to work seamlessly to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life and property, and harm to the environment.
National Incident Management System (NIMS)

Components

**Preparedness:** Ongoing and in advance of any potential incident (training and exercises, personnel and equipment qualifications and certifications).

**Communications and Information Management:** Standardized framework for communications and emphasis on the need for a common operating picture.
National Incident Management System (NIMS)

Components

Resource Management: Personnel, equipment, and or supplies needed to support critical incident objectives.

Command and Management: Designed to enable effective and efficient incident management and coordination by providing flexible, standardized incident management structures.
NIMS Compliance for Hospitals -> Hospital Incident Command System (HICS)

- 1980s – Hospital Emergency Incident Command System (HEICS) was foundation for hospitals to respond to various types of disasters
- 2006 - Revision of HEICS called HICS, expands on:
  - Predictable chain of command
  - Accountability of position and team function with prioritized action checklists
  - Common language for interagency communication
  - Clarify how HICS relates to NIMS
  - Integrate chemical, biological, radiological, nuclear and explosive (CBENE) events
  - Standardized and scalable IMS. Includes all hospitals, including rural and small facilities. Includes non-emergent incidents or events.
NIMS Compliance for Hospitals -> Hospital Incident Command System (HICS)

• Requirements for hospitals by the NIMS Integration Center (NIC) f in Appendix I: “NIMS Implementation Activities for Hospitals and Healthcare Systems.”

• 17 hospital-specific elements including:
  – Preparedness activities
  – Resource management
  – Communications and information management
  – Supporting technologies
  – Training and exercises

• Not a single approach to emergency preparedness but steps to improve hospital readiness and integration into a community-based response
HICS Developed By ...

• National Work Group – 20 hospital subject-matter experts
• DHS – NIMS Integration Center (NIC)
• DHHS – Health Resources and Services Administration (HRSA)
• American Hospital Association - American Society for Healthcare Engineering
• Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
HICS – Some Pertinent Regulations

• JCAHO standards
• Emergency Medical Treatment and Active Labor Act
• Health Insurance Portability and Accountability Act of 1996
• Superfund Amendments and Reauthorization Act
• ding to a Multiple Casualty Incident
• National Fire Protection Association Standards for Healthcare Facilities and Disaster/Emergency Management
• OSHA – Best Practices for Hospital Based First Receivers of Victims from Mass Casualty Incidents ...
• OSHA Hazardous Materials Regulations
• State and local regulations
Steps in Developing Hospital Emergency Management Plans

1. Designate an Emergency Program Manager
2. Establish the Emergency Management Committee
3. Develop an all hazards Emergency Operations Plan (EOP)
4. Conduct a Hazard Vulnerability Analysis
5. Develop incident-specific Planning Guides
6. Coordinate with external entities
7. Train key staff
8. Conduct exercises of the EOP, incident-specific
9. Conduct program review and evaluation
10. Learn from the lessons identified
The Hospital Emergency Management Plan should draw from:

- NIMS
- ICS
- HSPD-5
- Federal Preparedness Circular 65 - Continuity of Operations
- State, local & nongovernmental regulatory standards
- Disaster research
Roles and Responsibilities (drawn from NIMS but now applied to hospitals)

• **Incident commander** sets objectives and strategies and priorities and has overall responsibility for managing the incident.

• **Operations** conducts tactical operations to meet objectives

• **Planning** collects and evaluates information for decision support, maintains resource status info

• **Logistics** provides support, resources and essential services to meet the objectives

• **Finance/administration** monitors costs, does accounting, procurement, time recording and cost analysis.
Fig. 1. Distribution of Authority and Responsibility for Primary ICS Management Functions within Incident Management Team Structure.
Purpose of Standardized ICS/HICS Position Titles

1. Reduce confusion within a hospital or with outside agencies or other healthcare facilities by providing a common standard for all users.

2. Allow the position to be filled with the most qualified individual rather than by seniority.

3. Facilitate requests for qualified personnel, especially if they come from outside the hospital during surge.
6 Steps of Hospital Incident Planning

1. Understanding the hospital policy and direction
2. Assessing the situation
3. Establishing incident objectives
4. Determining appropriate strategies to achieve the objectives
5. Giving tactical direction and ensuring that it is followed (e.g., correct resources assigned to complete a task and their performance monitored)
6. Providing necessary back-up (assigning more or fewer resources, changing tactics, et al)
National Response Framework

Part of the National Strategy for Homeland Security that provides guiding principles to enable all levels of domestic response partners to prepare for and provide a unified national response to disasters and emergencies.

- It builds on NIMS and ICS, working hand in hand with NIMS.
- NIMS provides the template for management of incidents
- NRF provides structure and mechanisms for national-level policy for incident management
- Coordinating structures are always in effect for implementation
  - Any time
  - Any level
  - Local, state and national
  - Emergency or disaster response

http://www.fema.gov/emergency/nrf/aboutNRF.htm
5 Principles of the National Response Framework

1. Engaged partnership
2. Tiered response
3. Scalable, flexible adaptable
4. Unity of effort through unified command
5. Readiness to act

http://www.fema.gov/emergency/nrf/training.htm
Emergency Support Function Annexes

15 Protocols

1. Transportation
2. Communications
3. Public Works and Engineering
4. Firefighting
5. Emergency Management
6. **Mass Care, Emergency Assistance, Housing, Human Services**
7. Logistics Management and Resource Support
8. **Public Health and Medical Services**
9. Search and Rescue
10. Oil and Hazardous Materials Response
11. Agriculture and Natural Resources
12. Energy
13. Public Safety and Security
14. Long-Term Community Recovery
15. External Affairs

Federally Coordinated State and Community Response

**National Disaster Medical System (NDMS)** Response Teams - intermittent federal employees. DHHS/ASPR/OPEO under ESF #8

- Disaster Medical Assistance Team ([DMAT](#))
- Disaster Mortuary Operational Response Teams ([DMORT](#))
- International Medical Surgical Response Team ([IMSURT](#))
- National Veterinary Response Team ([NVRT](#))

Hurricane Katrina
Putting ICS and NIMS to Work?

Photo credit: FEMA, ITS Mapping and Analysis, 2005 Hurricane Season
Case Study - Katrina

How might the command structure have changed over time at the incident command post?
Why is it critical to establish command from the beginning of an incident?

Scroll to video about halfway down: Six Years After Katrina: A Look Back – CNN Video
What did we learn from Katrina?

- All incident responses begin by establishing command and chain of command
- Establish clear roles and responsibilities
- **Commit to action**
- Establish plan
- Communicate and operationalize the plan
- Clearly request declarations of emergency or disaster and assistance [http://www.fema.gov/pdf/hazard/major_disaster_requests.pdf](http://www.fema.gov/pdf/hazard/major_disaster_requests.pdf)
- Evacuate early
- Consider at risk and underserved populations
If a terrorist attack hit SEATAC, the responsibility for the initial coordinating response would go to:

A. The President of the United States
B. The Secretary of Homeland Security
C. The Administrator of FEMA
D. The Governor of the State of Washington
E. The Mayor of Seatac
Why is it important to manage incidents at the lowest jurisdiction level possible (tiered response)?
Post- Katrina Legislation

- Post Katrina Emergency Management Reform Act of 2006 (PKEMRA)
- Pets Evacuation and Transportation Standards Act of 2006 (PETS Act)
- Pandemic and All-Hazards Preparedness Act, 2006 (PAHPA)

http://phe.gov
Communication Concepts, Systems, and Issues in Disasters and Emergencies

http://www.fcc.gov/guides/emergency-communications
Communications Concepts

- Common language
- Plain language
- Standard terminology
- Interoperability of systems
Communications Topics

• Emergency Alert System
  http://transition.fcc.gov/pshs/services/eas/

• National Wireless Priority System
  http://wps.ncs.gov/

• NOAA Weather Radio
  http://www.nws.noaa.gov/nwr/

• National Terrorism Advisory System
  http://www.dhs.gov/files/programs/ntas.shtm

• Commercial Mobile Alert System
  http://www.fcc.gov/guides/commercial-mobile-alert-system-cmas

• Radio Amateur Civil Emergency System
Communications

• 9-1-1
• Communication alerts
• Media
• Social media

Discussion

Why should you use plain English during incident response?

How might social media be used during a disaster/emergency?
Organizing Volunteers and Humanitarian Assistance
Recruiting and Organizing Volunteers

- **USA Freedom Corps**, launched by President George W. Bush in January 2001 to encourage volunteer participation in homeland security


National Voluntary Organizations Active in Disaster (National VOAD)

- Coalition of US major national voluntary organizations doing disaster-related work
- Founded in 1970 following Hurricane Camille
- Primary point of contact for voluntary organizations in the National Response Coordination Center at FEMA
- Signatory to the National Response Plan
- Signed an MOU with FEMA in 2010 for broadened communication and coordination
- Includes United Way, American Red Cross, Southern Baptist Convention, St. Vincent de Paul Society, Feed the Children, Habitat for Humanity, and many more
US Response to International Incidents
Types of Humanitarian Response

• **US Federal organizations**
  – USAID, Office of Foreign Disaster Assistance
  – Department of State
  – Department of Defense

• **Intergovernmental organizations**
  – United Nations
    • Office for Coordination of Humanitarian Affairs (OCHA)
    • World Health Organization
    • World Food Program

• **Non-governmental organizations**
  – Red Cross
  – Doctors without Borders
  – Religious groups
  – University of ...

• **Private persons**

• **Online communities**
Questions for Consideration

As you watch the presentation about a US NGO response to the Haiti earthquake, consider:

• What evidence do we see that ICS is being followed? Who is the incident commander? What type of command?

• What do we see regarding communications in an emergency/disaster?

• What evidence do we see of interagency cooperation?

• What needs are there for information and intelligence? What are the potential roles for an information specialist?
Haiti Earthquake - 2010
“Star Events Party Rentals provides a large amount of different style tents for all occasions just tell us your event and will recommend the tent that’s right.”
The Role of the Library
Immediate Actions

- Emailed Disaster Listserv
- Obtained lists of recommendations per Dan Wilson and listserv readers
- Phone conference with Cindy
- 24/7 reference service
- Obtained donations
- Sent gift textbooks, books on pain management & obstetrics
- Notebooks of print materials (disaster manuals, maps, etc.)
- Obtained and sent books from list and bookcart
- Web site for local providers
- Promoted NLM’s Emergency Access Initiative
The Emergency Access Initiative (EAI) is a partnership of the National Library of Medicine, the National Network of Libraries of Medicine, and the Professional/Scholarly Publishing Division of the Association of American Publishers and other publishers. EAI provides temporary free access to full text articles from major biomedicine titles to healthcare professionals, librarians, and the public affected by disasters.

Access to biomedical literature through the Emergency Access Initiative is only available to those affected by the disaster and for those providing assistance to the affected population. Other users should contact their local medical library or the National Network of Libraries of Medicine by calling 1-800-338-7657 for biomedical literature.

Active Event: **None**

Free access period: **Not Available**

This service is provided to healthcare professionals and libraries following a disaster affecting a region of the United States or throughout the world. This site is active only when a disaster event is named and the access period specified.

For on-going access to biomedical literature, contact your local medical library.
*Eleven print titles were recommended for a one-shelf disaster library at http://nnlm.gov/ep/2009/07/10/one-shelf-disaster-library
42 additional titles recommended by librarians on the NLM Disaster Listserv
Resources for Haiti

Haiti Earthquake Links
Databases
E-Books
Information for Patients in Creole
Maps and Directories of Haiti
Other Resources

Haiti Earthquake Links

Cholera in Haiti
University of Miami Haiti Relief Page
CDC Earthquakes
Department of Health & Human Services: Haiti
National Library of Medicine Haiti Earthquake
PAHO Haiti Site

Databases

Access Medicine medical texts, images and illustrations, case files, diagnostic tools, etc.

DynaMed point-of-care clinical support system with 2000 topics

Epocrates free drug and disease information on the web

MD Consult textbooks, journals, clinical practice guidelines, drug info, patient education handouts

PubMed world’s largest biomedical database, access to MEDLINE

Free Journals through NLM’s Emergency Access Initiative

E-Books

Anatomy:
Pocket Atlas of Human Anatomy
Anesthesiology:
Obstetrics & Gynecology:
Williams Gynecology
Williams Obstetrics
LESSONS LEARNED
• Repeating the obvious: Preparation, prior relationships and preexisting cultural competencies are the key
• Not everyone sees the need for health information
• NLM helps us get attention, a very scarce resource
• Consider availability of all technologies, and none
• Although librarians are not necessarily the intended audience for EAI, we should actively promote it - now
• **Commit to act**
• But it is very hard to prove impact
Dear Ms. Vardell,

You gave me your card on about Feb 12 of this year. I was delayed for 4 days on my way to Haiti and you were extra-ordinary. You gave me access to your wonderful medical library and I was able to copy materials that were so helpful in my subsequent adventures. I came across your card in my wallet and want to thank you for helping me get started.

I have now been to Haiti 3 times over last 6 months for a total of 2 1/2 weeks of work. I have worked in stationary primary care clinics, even medical director of a sm...
I started coordinating my work at several Adventist hospitals doing inpatient and outpatient wound care and setting up outpt wound care clinics. The last visit, I worked at Medishare Hosp at airport doing wound care just prior to the hospital movement to a nicer structure.

Your kindness and help will not be forgotten. Perhaps on my next visit to Haiti, I can stop by for coffee. Thanks.
Following up

• Continue Little Haiti health service partnership
• Partner with Haitian American Nurses Association
• Trip to Haiti to plan to assess needs with Medishare healthcare education and training programs
• NN/LM and MLA support for trainers in Haiti

Planning ahead

• Commitment to the library as an essential service
• Commitment to 24/7 response
• Basic: Who is our audience?
• Prepare templates
• Prepare notebooks
• What can we do with a thumb drive?
• Prepare disaster trunks
• Promote EAI
• New partnerships with ...
Libraries and Publishers Respond to Disaster with Groundbreaking Collaboration

MARY MOORE and SUZETTA BURROWS
University of Miami, Miller School of Medicine, Miami, Florida, USA

MARIA COLLINS
National Library of Medicine, Bethesda, Maryland, USA

NANCY RODERER
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The earthquake in Haiti prompted significant response from both health care workers and health sciences libraries. Individual libraries in the United States and elsewhere struggled to provide relief workers with health information resources and services. This column describes the Haiti earthquake, the response of health care workers, one organization’s experience in delivering services on the frontlines, the response of one library, and the Emergency Access Initiative (EAI), an effective solution to offering information resources in times of disaster, developed and implemented by the

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Download a preprint: http://scholarlyrepository.miami.edu/health_informatics_research/3/
Questions for Consideration

• As you watch the presentation about a US NGO response to the Haiti earthquake, consider:
  • What evidence do we see that ICS is being followed? Who is the incident commander? What type of command?
  • What do we see regarding communications in an emergency/disaster?
  • What evidence do we see of interagency cooperation?
  • What needs are there for information and intelligence? What are the potential roles for an information specialist?
The Emergency Access Initiative allows:
A. Health care providers to have access to restricted areas
B. Individuals to have free access to select health information resources during a disaster or emergency.
C. Registered health providers to administer vaccines without concern for malpractice suits.
Putting It Together: The Role of the Information Specialist
Discussion
And Preparation for PM Class

• Based on what you have learned in this class, what roles do you think a disaster information specialist might assume in disasters/emergencies?

• How must disaster information specialists prepare to take those roles?
Summary

• Current efforts are not perfect and continue to evolve.
• We must use common language and organization.
• Framework comes from lessons learned and efforts to anticipate.
• Response must begin at the most local level and escalates as needed.
• There is currently no predefined role for an information specialist, but opportunity and value are obvious.
Core Take Aways

• Librarians have a role in phases of disaster/emergencies.
• There is a way to go about helping so your efforts do not hinder other responders.
• There is a framework for response and it can be applied to information support.
• What we have addressed in this class is just one piece of the puzzle. There are more classes to take. There are more things to learn.
• Remember the NLM and the many rich resources!
More Information
And Now A Word from Our Sponsor

The National Library of Medicine
Specialized Information Services
Disaster Information Management Research Center
http://disasterinfo.nlm.nih.gov holds a monthly conference call
DIMRC Twitter: http://twitter.com/NLM_DIMRC

For more information on your Regional Medical Library of the National Library of Medicine, see: http://nnlm.gov/

There are other courses in this series and and you can complete the disaster information specialization from the Medical Library Association at: http://www.mlanet.org/education/dis/.

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Posttest

Emergency Alert System Test

This is only a test, regularly scheduled programming should resume shortly.
Evaluation & Certificate

You will receive a link to the Evaluation Survey and a Certificate for you to print out and keep. You will need to submit the certificate for the Disaster Information Specialization application.
References


FEMA: Glossary/Acronyms Retrieved 4/03/2012 from
   http://www.fema.gov/recoveryframework/glossary.shtm

FEMA 592. (June 2007). Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, and related authorities. Retrieved 4/03/2012 from
   http://www.fema.gov/pdf/about/stafford_act.pdf

FEMA: FEMA history Retrieved 4/03/2012 from http://www.fema.gov/about/history.shtm

FEMA: Presidential disaster declaration Retrieved 4/03/2012 from
   http://www.fema.gov/government/grant/pa/pr_declaration.shtm


Guide for all-hazard emergency operations planning. Retrieved 5/15/2012 from

H1N1 Emergency Declaration.pdf (application/pdf object) Retrieved 5/15/2012 from

Incident Command System (ICS): Organizational chart Retrieved 5/15/2012
   http://www.osha.gov/SLTC/etools/ics/org_ops.html

Lack of Unified Command hurt efforts to clean up BP oil spill, gulf coast chiefs say | FIRE CHIEF | hazmat response content from fire chief Retrieved 4/05/2012 from http://m.firechief.com/hazmat/disaster-management/oil-spill-cleanup-issues-20100701


Medical Reserve Corps - Wikipedia, the free encyclopedia Retrieved 4/12/2012 from http://en.wikipedia.org/wiki/Medical_Reserve_Corps

Medical Reserve Corps (MRC) Retrieved 4/13/2012 from https://medicalreservecorps.gov/HomePage


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