



Association of Academic Health Centers

*Leading institutions that serve society*

# **Brief Guide for Academic Health Center Disaster Preparedness and Response**

**Strengthen. Advocate. Lead.**

## **BRIEF GUIDE FOR ACADEMIC HEALTH CENTER DISASTER PREPAREDNESS AND RESPONSE**

The Association of Academic Health Centers (AAHC) has produced this *Brief Guide for Academic Health Center Disaster Preparedness and Response* for academic health center and other university leaders and policymakers at the local, state, and national levels interested in the nation's infrastructure for emergency response. In this brief guide, academic health center leaders share their advice, insights, and concerns based on first-hand experiences with Hurricanes Katrina and Rita, as well as major involvement in local, regional, and national disaster planning operations for terrorism and biodefense.

Academic health center leaders highlight self-reliance, anticipating needs, action plans, and reduced federal bureaucracy among the most critical factors for successfully responding to disasters. With the most significant responsibilities in patient care, health professions education, and biomedical research in many communities throughout the country, academic health centers are keystones of the nation's health and economic infrastructure and must be prepared to respond quickly and effectively during any type of emergency.

Leaders of Louisiana's academic health centers emphasize what was perhaps the most unfortunate and troubling lesson learned this past year: academic health centers cannot take government and/or other outside assistance for granted. Effective planning that anticipates the inherent limitations and/or capabilities of government response efforts is essential to successful response.

Of particular note are preparations for the research enterprise. While damaged and/or destroyed research projects and facilities can impact the entire nation, research protection has received little note beyond the academic health center community.

This guide lays the foundation for the AAHC's work in enhancing public dialogue and further engaging policymakers at all levels of government to improve the nation's system for emergency response. The AAHC will continue to update and expand this guide through the collection and dissemination of academic health center leaders' recommendations on ways to strengthen the nation's infrastructure for biodefense and emergency response. The guide concludes with an AAHC action plan with top priorities that include educating policymakers in ways to improve current systems and prevent gaps and failings in a time of public need.

## Effective Planning

### **Develop guiding principles.**

- Anticipate needs and have a plan of action already in place.
- Prepare the institution to handle an emergency situation independently for 72-96 hours.
- Anticipate government inefficiency or inability to address an emergency. Consider both the political and regulatory sides of obtaining help in all mission areas (i.e., patient care, research, and education).
- Coordinate or integrate university and teaching hospital disaster plans.
- Consider all business and financial implications, including business disruption insurance.

### **Leadership: identify one incident commander.**

- Effective organization of leadership is an essential first step to assessing the situation and organizing resources.
- Do not follow the normal organizational chart.
- Select an individual experienced in directing emergency response efforts.
- Give sole decision-making authority to this person in an emergency situation.

### **Involvement and flexibility.**

- When developing institutional emergency preparedness plans, be sure to include all departments within the institution.
- Prepare for the natural disasters typical to the institution's geographic region.
- Plans should be flexible and adaptable to multiple types of emergencies.

### **Develop contingency plans for personnel.**

- Allow time for essential personnel to make arrangements for their own property and family members before they report to work during an emergency. Otherwise, the institution may become the evacuation point for these family members.
- Determine whether essential personnel may bring their pets with them during an emergency. Advise essential personnel of this policy in advance and make plans for housing and ensuring the health of these pets, if necessary.

### **Provision of health care services must be a priority.**

- Make care for hospital patients and evacuees a top priority.
- Develop a plan to provide medications and health care in a coordinated way for evacuees.
- Consider the psych-related needs of disaster victims, and that many patients will lack medicine, prescriptions, and personal health records.
- Anticipate the financial costs of providing care to uninsured and patients with no proof of insurance, and of suspending services such as elective surgeries.
- Prepare for chronic illness management.

## Effective Planning

### **Participate in planning with private and public partners.**

- Establish partnerships in advance with local and regional hospitals, universities, and other institutions to share resources and staff.
- Partner with other institutions to arrange temporary housing and educational facilities for students and clinical and other faculty.
- Make arrangements for the institution's essential services to be relocated and to have a base of operations outside the disaster zone during an emergency.
- Create buddy systems with institutions in different geographic regions and back-up all essential data and records at partnering institutions in other regions of the country.
- Establish affiliations for graduate medical education *before* an emergency occurs in order to obtain funding from the Centers for Medicare and Medicaid Services during an emergency.

### **Address security concerns.**

- Define essential services and facilities and ensure their safety and functioning.

### **Anticipate critical IT, equipment, and transportation needs.**

- Develop ways to back-up information and to keep information technology systems and essential equipment operating for several weeks.
- Consider constructing a gasoline storage facility on campus for transportation use.
- Support plans with sufficient resources.

### **Preserve the research mission.**

- An emergency can destroy years of research if the institution is not prepared.
- Responsibilities for preserving research will fall disproportionately to academic health centers.
- Assess research facility and operation contingencies. Ensure operation of essential research equipment (e.g., freezers for biological samples) for several weeks.
- Develop plans to relocate or otherwise protect all research materials, animals, cell lines, freezer contents, and specialized equipment. Loss of these materials could threaten the nation's progress in biomedical research and cost the institution more than \$100 million.
- Consider preparing for a "tank farm" for liquid nitrogen preservation of clinical and research cell lines during an emergency.

### **Prepare to document any damage to the institution.**

- Maintain and update a photographic record of facilities and equipment, prior to an emergency. Also include photos and/or videos of protection devices in place.
- Designate emergency-use digital and disposable cameras and camcorders to create a photographic record (dated and/or time-stamped) of damage caused by a disaster, as it occurs or prior to clean-up. Designate staff to create this record.

## Effective Planning

### **Empower personnel to take action.**

- Train staff in the institution's emergency response plan so that they will each know how the institutional response will work.
- Avoid "cult of personality" plans that rely on one individual to function effectively.
- Coordinate ahead of time with local civic organizations to form citizen teams.
- Prepare for two groups of people who "show up" unexpectedly in an emergency.
  - First group will be uninjured and looking to help; be prepared to manage an influx of both trained and untrained volunteers.
  - Second group will require support and care; be prepared to manage an influx of physically and mentally injured patients.
- Leaders must be prepared to assess, utilize, and assist people as needed.

### **Conduct practice exercises and evaluations.**

## Action

### **Take early, decisive action.**

- Do not wait too long to declare an emergency within the institution; make the call and act accordingly.

### **Do not wait for government action and/or communication.**

- Once an emergency situation hits, execute the plan.

### **Execute the plan.**

- Establish and relocate to base of operations, if necessary.
- Utilize an emergency website to distribute information and facilitate communication.
- Relocate faculty, staff, and students to temporary housing.
- Ensure preservation and/or relocation of research animals, cell lines, freezer contents, and sensitive research equipment. Ensure humane treatment of research animals.
- Organize a temporary campus (classrooms and faculty).
- Support students and staff remaining in the area; utilize those who volunteer.
  - Develop a system to match volunteer resources with specific needs.
  - Maximize the high-energy resources of student and resident volunteers.
  - Involve retirees, who often have the time and training needed.
  - Energize staff with messages of appreciation and encouragement.

### **Keep in mind:**

- In the midst of disaster, do not assume that the situation cannot get worse.
- Be alert and prepared for new and increasing challenges.

## **Action**

### **Provide care for patients and evacuees.**

- Leaders must ensure minimal disruptions to patient care and services.
- Arrange transportation to evacuate patients to other health care institutions, if needed, and provide appropriate medical information.
- Prepare to receive overflow or evacuated patients from other affected institutions.
- Anticipate challenges in communication with “sending and receiving” agencies for medical evacuees.

### **Communicate frequently, any way that you can.**

- Communications are the greatest challenge in a disaster; infrequent communication leads to confusion and spread of false rumors.
- Establish a clear communication plan as well as contingencies.
- Do not rely only on traditional forms of communication: utilize dedicated phone lines, email addresses, websites, alpha paging, and conference calls with large capacity; do not rely only on cell phones and landlines.
- Clearly notify students, faculty, and staff ahead of time of the possible methods for emergency communication.
- Translate emergency notices to languages familiar to the institution’s diverse employees and trainees.

### **Record damage to facilities and equipment.**

- Make a photographic, time-stamped record of damage for insurance purposes.

## **Post-disaster and Long-term Considerations**

### **Adjust and plan for continued operations, during and after the emergency.**

- Maintain the academic schedule in the health professions schools and continue admissions processes as feasible.
- Create intermediate steps to house active research programs.
- Reestablish faculty practice plan so physicians may provide patient care services.
- Secure essential research materials (e.g., cell lines, animals, data banks, equipment) and protect facilities.
- Ensure secondary systems are in place (e.g., payroll, finance, IT).
- Ensure uninterrupted access to university communications.
- Seize opportunities created by the disaster to perform necessary changes, consider desired changes, and ultimately rebuild a better and stronger institution with disaster planning and mitigation factors in mind.

### **Ensure financial viability.**

- Inventory assets and make necessary decisions (e.g., payroll, academic program).

### **Make necessary arrangements to retain students, faculty, and staff.**

## **Action by the Association of Academic Health Centers**

### **Strengthen: Communications.**

- Develop a communications system among all academic health centers for use in an emergency.
- Determine how academic health centers can interface with a coordinated emergency system to offer help.

### **Advocate: For improved infrastructure and policies for emergency response.**

- Engage AAHC members, public and private sector leaders, and policymakers to better understand local and regional disaster response systems (including volunteer coordination) and to improve emergency preparedness and response.
- Educate policymakers, particularly the federal government, about how to reduce bureaucracy in a disaster.
- Examine emergency response priorities and operations.
- Examine ways to ensure viability of research infrastructure, because of implications for the nation's health and security.
- Collaborate with the regulatory and accreditation agencies to ensure more flexibility for placement of medical residents and health professions students in emergency situations.

### **Lead: Education and information response.**

- Help to ensure that every academic health center has developed appropriate emergency response plans for all operational divisions.
- Collect best practices and educate academic health center leaders on steps for emergency response and for development of an assistance network.
- Develop code of conduct/set of core values, which might address tuition issues and/or agreements not to recruit students or faculty from affected institutions.

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