

# HR MANAGEMENT FOR DISASTER PREPAREDNESS IN HOSPITALS

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IT'S TIME TO THINK ABOUT  
THE UNTHINKABLE



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## Scheme of Presentation

- Disaster preparedness
- Preparedness strategy
- Surge capacity
- Staffing in terms of surge
- HR Perspectives
- End Notes



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## DISASTER PREPAREDNESS

A broad concept

It describes a set of measures that minimize the adverse effects of a hazard including loss of life and property and disruption of livelihoods.



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## DISASTER PREPAREDNESS

Disaster preparedness is achieved

– through readiness measures that expedite emergency response, rehabilitation and recovery and result in rapid, timely and targeted assistance.

– through community-based approaches and activities that build the capacities of people and communities to cope with and minimize the effects of a disaster on their lives.



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## DISASTER PREPAREDNESS

- Both natural and man-made disasters place special burdens on hospitals, which have a unique role during these events: No matter how much their infrastructure, equipment, and personnel are disrupted, they must continue to not merely endure but function
- Hospital administration must prepare in advance for a “worst-case” event, which may never occur.



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## DISASTER PREPAREDNESS

- The advantage of a recognized disaster plan is that
  - it provides a common language to use during an event. E.g. “lock down,” would mean that only certain entrances and exits will be open.
  - If everyone knows that “orange” areas are isolated and “green” exits are closed during a suspected bioterrorism attack, personnel assignment is easier.
- This facilitates good communication among the staff.
- Disasters often force personnel to assume new or unfamiliar roles.



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## PREPAREDNESS STRATEGY

A comprehensive disaster preparedness strategy would include following elements: -

1. Hazard, risk and vulnerability assessments
2. Response mechanisms and strategies
3. Preparedness plans
4. Coordination
5. Information management
6. Early warning systems
7. Resource mobilization
8. Public education, training, & rehearsals
9. Community-Based disaster preparedness

- Int Fed of Red Cross Societies<sup>o</sup>

## SURGE CAPACITY

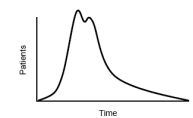
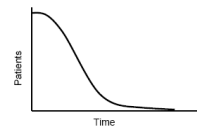
- Ability of a healthcare facility to rapidly provide care to a large number of incident-related patients.
- Variability in ‘surge capacity’
  - Conventional – usual standard of care
  - Contingency – minor adaptations made – usually temporary
  - Crisis – systematic changes to the standard of care



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## TYPES OF SURGE EVENTS

- Sudden impact  
E.g. Bombings, terrorist strikes etc
- Sustained impact  
E.g. Flu pandemic




Schematic representations



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### Surge Capacity


- **“Surge capacity encompasses**
  - potential patient beds;
  - available space in which patients may be triaged, managed, vaccinated, decontaminated, or simply located;
  - available personnel of all types;
  - necessary medications, supplies and equipment;
  - even the legal capacity to deliver health care under situations which exceed authorized capacity.”



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### STAFFING IN TERMS OF SURGE

Capacity	Source	Examples
Conventional	Usual HCO staff	
Contingency	<ul style="list-style-type: none"> <li>• Comparably trained staff mobilized from other areas of HCO or</li> <li>• from other HCOs incl volunteers from within</li> </ul>	<ul style="list-style-type: none"> <li>• MOs from wards / depts to casualty</li> <li>• Nurses / tech from other depts</li> </ul>




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Capacity	Source	Example
Crisis	<ul style="list-style-type: none"> <li>• Staff not usually performing nor trained for assigned duties</li> <li>• Skilled volunteers</li> <li>• Lay volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• ENT surgeons assigned triage / post-op care responsibilities</li> <li>• Doctors from outside source (NGOs)</li> <li>• Persons for duties in lesser skill assignments</li> </ul>



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Human Resource is the most important resource



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## HR PERSPECTIVES

- Disasters often force staff to assume new or unfamiliar roles.
- Assistance of skilled and lay volunteers when available will require more effective coordination and control.
- Problem of plenty!
- Adequate logistic backup is imperative for sustaining human effort over time.



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## HR PERSPECTIVE - 1

- Disasters often force staff to assume new or unfamiliar roles -
  - Training of staff
  - Role of Supervisors and team leaders
  - Re-assignment of roles for staff
    - Checklists
    - Job-cards
  - Drills & drill audits
  - Ttx



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## Training

- Training of staff involves both study and drills.
- Everyone needs to be aware of their role and participate conscientiously in drills to refine it.
- There is a need to practice for disaster preparedness at least twice a year with scenarios chosen to represent the most likely disasters in those areas.



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## Role of Supervisors & Team Leaders

- Supervisors and team leaders need to drive the effort.
- They have to take the exercises seriously and provide pointed and clear feedback to staff on their performance.
- Exemplary employee performance should be noted and applauded.



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## Reassignment of Roles for Staff

- The hospital plan should contain an employee pool wherein staff members can be reassigned to areas other than their own during a disaster.
- Reassignment will almost always be guided by the scale of disaster.
- For new roles training and drills play critical role is ensuring adequate levels of skills that may be required as part of disaster preparedness.
- Tools - checklists and job-cards



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## Reassignment of Roles for Staff

- A checklist should have simplified instructions and flowcharts to assist quick understanding of new job.
- Pairing new and inexperienced staff with those who are more experienced is required.
- A simplified job description containing infection-control processes, drug/ supplies related issues and other crucial information is helpful.
- Under stress, staff cannot absorb detailed policies and procedures, so the directions need to be simple and comprehensive.



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## Drills

- Drills are simply idealized scenarios for the purpose of understanding one's role.
- Each drill practice must be reviewed to bring out deficiencies and lessons to be learnt.
- In real disasters, the unexpected happens and people may be called on to do more than their usual share of work.



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## Table Top Exercises

- Tabletop exercises are to be organized as training for senior staff in leadership roles.
- Exercises can be customized for each facility and should be simple and must focus on most likely disaster scenarios for the HCO.
- E.g. A disaster exercise may identify those personnel least likely to be absent (i.e. those who live nearby) and help them develop skills beyond their primary responsibilities.



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## HR Audits

- An audit of currently available manpower is vital.
- It should identify which staff members are available during each shift, which are signed up to come into work during a disaster, and which can come in quickly (e.g. those with limited family obligations or who live in close proximity/ on campus).



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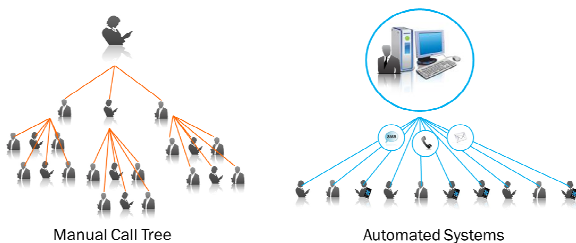
## HR Audits

- Quarterly updates to the manpower audits ensure that the latest information is available.
- A signed commitment from employees (or employee's unions!) to help during a disaster will enable planning ahead.
- A call tree should be created to facilitate quick contact with employees once a disaster has occurred.



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## Call Tree



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## HR PERSPECTIVE - 2

- Assistance of skilled and lay volunteers when available will require more effective coordination and control.
- **Difficulties**
  - They have never worked together before.
  - They have varying skill levels and lack familiarity with organizational routines or operating procedures.
  - There is uncertainty about the required task being completed, or if completed, with what efficiency or quality!
  - Volunteers are not always familiar with the standard terms or routes used in communications and will not know who to ask for what, or under what conditions (and to whom) to report difficulties



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## HR PERSPECTIVE - 2

- **Benefits**
- The significant role volunteers play in decreasing the toll of death and destruction caused by disasters by helping in routine tasks.
- Skilled volunteers can contribute significantly.
- Use of volunteers promotes community participation.



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## HR PERSPECTIVE - 3

- Problem of plenty!
- It is coming to be recognized as a pattern which is found, at some time or another, in disasters.
- This generosity has unforeseen consequences. Often the assistance is unsolicited and greatly exceeds the needs. This in-pouring of resources, complicates the coordination of disaster response efforts.
- Excess personnel can complicate the already difficult problems of coordination and communication and may actually impede efforts.



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## HR PERSPECTIVE - 4

- Adequate logistic backup is imperative for sustaining human effort over time.
- During a disaster, personnel will likely work long hours, so policy regarding their care needs to be in place. This would include food, staff-rooms, washrooms (even temporary) and other facilities.
- Emotional stress takes its toll. Often workers are cut off from the outside world and become worried about their family and homes. Offering constant support and information is critical.



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## HR PERSPECTIVE - 4

- Keep rumors at bay and share information from the county disaster headquarters and police department.
- Hygiene is essential for morale.
- Plan for a designated sleeping area.
- Armed security may also be necessary.



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## End Notes

- Formal plans are only one element in comprehensive preparedness strategies.
- Plans mean little in the absence of other elements of preparedness.
- Preparedness is a process, not an event.
- Preparedness efforts must be based on realistic assumptions concerning social behavior during crises.
- Preparedness requires collaboration, not top-down direction – although clear guidance does help.



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## End Notes

- Planning activities should be guided by those who will actually carry out plans.
- Efforts should be comprehensive and inclusive, and should promote participation.
- HCO leaders must overcome constraints, limitations, and sometimes outright opposition.
- Preparedness should be risk- and vulnerability-based, but should also consider low probability/ high consequence events.



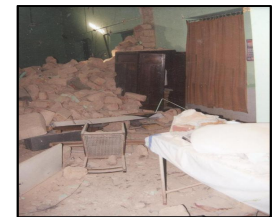

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## End Notes

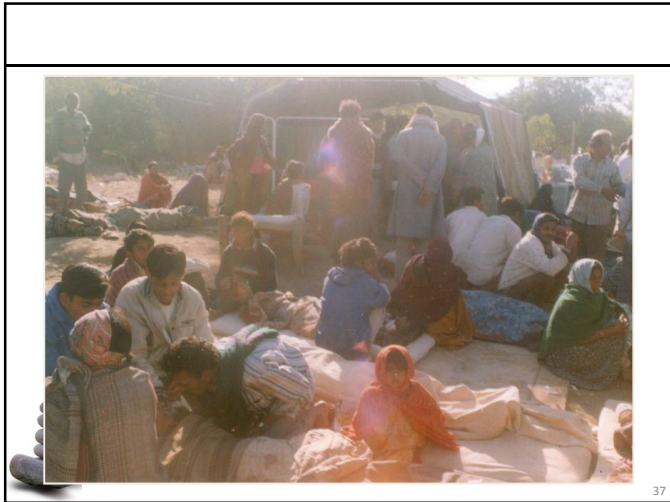
- Preparedness efforts must be designed in ways that help responders and victims anticipate surprise – e.g. through fostering the ability to adapt, improvise, and innovate.
- Preparedness efforts should have an “all hazards” focus, while also incorporating special considerations associated with individual hazards. Preparedness activities should not be organized around specific perils.



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Ward  Radiology dept

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VIP management plans must be in place with specified personnel assigned the responsibility



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**To Fail to Prepare is  
To Prepare to Fail..**



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