

Introduction and Overview

Beginning in 2002, the County of Los Angeles/Department of Health Services Emergency Medical Services (EMS) Agency received Hospital Preparedness Program grant funding through the U.S. Department of Health and Human Services. This grant program is part of a multiyear, nationwide effort to enhance the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies.

The Hospital Preparedness Program grant contains a number of benchmark goals aimed at increasing the preparedness and surge capacity of hospitals and health clinics in Los Angeles County. One of the benchmark goals specifically addresses the need to train hospital and clinic personnel to recognize, treat, and refer patients exhibiting psychological health consequences related to bioterrorism and other public health emergencies. To help meet this goal, the Los Angeles County EMS Agency contracted with the RAND Corporation for an initial 1-year project to study the psychological health consequences of bioterrorism and other large-scale public health emergencies. EMS also provided RAND with funding to use results of this study to develop disaster plan training curricula and tools.

RAND worked closely with the EMS agency and with key partners from the County of Los Angeles Department of Public Health Emergency Preparedness and Response Program and the Department of Mental Health, Disaster Services, to develop these training materials. The RAND research from which the materials are drawn included interviews with hospital and clinic staff, literature reviews, government documents, input from experts, and pilot testing. We selected resources on the basis of work carried out as part of a 1-year evaluation to inform the development of this training. In the evaluation, we undertook three types of effort: 1) in-person semi-structured interviews at four health services provider organizations in Los Angeles County (an acute care community hospital with inpatient psychiatry, an acute care hospital without inpatient psychiatry, a children's hospital, and an inner city outpatient clinic); 2) telephone interviews with health officials and medical staff in Washington, DC and Toronto, Canada, to learn from the SARS and anthrax events; and 3) review of approximately 250 articles, documents, and resources to identify and consolidate existing knowledge of mental health aspects of such events. We sought to identify and train on the strategies that are well-supported by scientific studies. However, in some cases, like with psychological first aid (PFA), the strategies have not been formally evaluated. Still, these are the best strategies we have currently. These are informed by other evaluated approaches and have been adapted for the disaster mental health content.

The overall goal of this effort is to give Los Angeles County hospitals and clinics the tools they need to address the psychological reactions of staff, patients, and the community to a large-scale public health emergency. This manual provides protocols, templates, and tools that clinic and hospital staff can use to better prepare their facility and to follow in addressing psychological casualties after an event.

Module 1: Training for Administrative and Disaster Planning and Response Staff (1 hour)

Content. This training module illustrates the importance of preparedness by walking participants through selected real events (severe acute respiratory syndrome (SARS) in Toronto; a sarin attack in Tokyo, Japan; and an anthrax attack in Washington, DC), emphasizing how the events sharply

increased demand for psychological services. Specific examples are provided for how mental health professionals can support hospital and clinic staff in their jobs. The module provides an overview of key concepts and tools, and includes interactive lessons using brief hypothetical situations (radiological dispersal device or “dirty-bomb” and pandemic-influenza or “pan-flu” scenarios).

Intended Audience. The module is intended for administrative staff and those staff responsible for disaster planning and response in clinics and hospitals but may also be informative for all types of staff. These staff are typically administrators, but may include medical and mental health clinicians, or safety and quality staff.

Module 2: Training for Clinical, Mental Health, and Non-Clinical Staff (1 hour)

Content. This second training module is for clinical, mental health, and non-clinical staff who work in hospitals and clinics. This module emphasizes how mental health staff can best work with and support medical staff in preparing for and responding to large-scale events that result in a surge of psychological casualties. It incorporates information on integrating mental health into disaster preparedness and response, including how to address cultural and structural barriers within the facility. The module describes psychological “triggers” and associated reactions and illustrates how to make the best use of mental health staff by reviewing key locations vulnerable to psychological effects. The module focuses on use of evidence-informed practices, techniques, and tools for addressing the psychological needs of various populations (patients, families, and facility staff).

Intended Audience. This module is intended for clinical, mental health, and non-clinical staff in clinics and hospitals who may interact with large numbers of patients, families, and staff during a disaster. Clinical and mental health staff include physicians, nurses, psychiatrists, social workers, licensed marriage and family therapists (LMFTs), psychiatric nurses, psychiatric technicians, psychologists, chaplains, and employee assistance program (EAP) staff. Non-clinical staff who may also benefit from this training include reception clerks, security personnel, and volunteers.

Module 3: Training for County Disaster Mental Health Staff (2 hours)

Content. This additional two-hour module is for mental health clinicians who are dispatched to the field during disasters. This module provides an overview of hospital and clinic culture for disaster response workers and reviews worker functions and reporting roles. Part of the module focuses on interacting and intervening with patients, family members, and hospital and clinic staff, including those from various cultures. Psychological reactions and interventions to target specific population needs are addressed; the module includes interventions for needs immediately after an event and for a more sustained response. The module concludes with an interactive session for small groups to discuss best practices in providing early intervention and follow-up care for those identified as having mental health needs.

Intended Audience. This module is intended for disaster mental health specialists who work for the Los Angeles County Department of Mental Health.