

# Dealing with the Impact of Emergencies

**D**uring an emergency and its aftermath, staff in health care organizations experience significant disruption. Whether the emergency is intentional, unintentional, or natural, health care staff experience a wide range of emotions. No one who responds to a mass casualty incident is untouched by it. Training as a caregiver does not provide such immunity. It does motivate many to override stress and fatigue with dedication and commitment and deny the need for rest and recovery time. This takes its toll on the individuals and their families.

Meanwhile, the operations of health care organizations are stressed and strained. Supplies must be provided as vendors struggle to meet a new level of demand. Information systems must function in what is often a less-than-optimal environment. The organizations' finances are strained as revenue declines and expenses mount. If the organization is itself the victim of a disaster and has to evacuate patients and shut down for a time, such as during a power failure resulting from hurricane-force winds or floods or a contagious bioterrorist-related death, financial losses accrue rapidly.

This chapter provides preparation and response strategies for the human and organization impact of emergencies that can be considered in all health care organizations.

## **Immediate Impact on Staff**

A natural or manmade emergency occurs. Victims and their families arrive at the health care organiza-

tion's doors. Trained in the emergency management plan, staff assume their appointed roles and start performing their appointed responsibilities. It sounds straightforward, but is it?

Because the disaster may be affecting the surrounding community, staff experience the disaster's immediate impact in much the same way as all other community members. They may or may not be able to get to work. They may or may not have lost their homes. Staff may have been injured or killed; their colleagues and family members may be injured, missing, or dead.

The organization's emergency management plan must address both

- staff support activities, such as housing, transportation, and incident stress debriefing; and
- family support activities.

Family support activities are most likely to be of foremost and immediate concern to staff. During recent hurricanes along the East Coast, health care organizations learned that if staff members could be assured that their families were safe and being cared for, they would be at the facility and be better able to concentrate on their jobs. Family support concerns include

- communication between staff and family; and
- day care for children and adults.

Leaders should consider how to facilitate the provision of both. They should also consider the following staff support issues:

- *Housing:* Determine what provisions can be made for staff to be housed on site or close by and given

rest periods when they are expected to work extraordinary hours.

- *Transportation:* Determine what provisions can be made for getting employees to work if, for example, a snowstorm or floods make it impossible for them to get there by normal means. One New Jersey health care organization arranged for extra snowplows, rock salt, and four-wheel-drive vehicles to pick up employees who could not get to work. Another organization designated a special operations area for use during snowstorms. Drivers pick up staff from this area according to a priority system, with the most essential staff picked up and delivered first.
- *Financial assistance:* Staff may need financial assistance during the initial and ongoing phases of responding to a disaster. The organization should consider making provisions for this and offering convenience services such as check cashing so that staff members have easy access to cash.

Incident debriefing, described later in the chapter, is also a key issue. An interdepartmental committee might be established to evaluate these and other possible suggestions to support staff members and their families in times of emergency. Provisions that make sense should be implemented and outlined in the emergency management plan.

### **The Physical and Psychological Effects on Staff**

“Whatever staff shortages hospitals (and other health care organizations) are experiencing and whatever factors contribute to staff unhappiness on a day-to-day basis, when faced with a community disaster, hospital and medical staff put aside their problems and focus on community needs. They arrive, stay, work, and wait,” notes an American Hospital Association report.<sup>1</sup>

Staff well-being is key to effective emergency response and ongoing organizational effectiveness. The strategies recommended by a number of organizations to help staff stay healthy while responding to an emer-

gency appear as Table 8-1, page 207. Health care leaders should consider ways to support and encourage such activities.

When faced with an emergency such as the Oklahoma City bombing in 1995 or the attacks on the Pentagon and World Trade Center in 2001, staff may find that their efforts to help are hampered by the psychological impact resulting from such an event. The physical and psychological effects can hinder their functioning or even debilitate some. Most disaster rescue workers and health care personnel responding to emergencies experience only mild normal stress reactions. However, as many as one in three rescue workers experience some or all of the common severe stress symptoms.<sup>2</sup> The symptoms may lead to posttraumatic stress disorder (PTSD), anxiety disorders, or depression. In the weeks, months, and sometimes years following the crises, health care personnel are more at risk than their nonmedical counterparts for lingering psychological and emotional problems. The emotional impact may play out in employees’ performance and productivity. A list of common reactions to a disaster and signs that indicate that workers may need stress-management assistance appears as Table 8-2, page 207.

Incident stress debriefing, in a variety of formats, is commonly offered to health care workers following an unusually stressful or traumatic incident. It helps them to process the associated emotions so that they can appropriately return to duty. Health care organizations should offer debriefing services to employees and should encourage or require employees to attend. This is vital not only for health care providers involved in disaster response, but also for those who stand ready to assist. Many organizations have some form of incident stress debriefing already in place and will only have to pull the reference into the emergency management plan.

Health care organization leaders can use the following strategies, provided by the National Mental Health

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### Strategies for Staying Healthy While Responding to an Emergency

The National Center for PTSD (posttraumatic stress disorder) and the Center for Mental Health Services of the U.S. Department of Health and Human Services, which works in partnership with the Federal Emergency Management Agency in overseeing national efforts to provide emergency mental health services to survivors of presidentially declared disasters, recommends the following as ways to stay healthy and manage stress during a disaster operation:

- Limit on-duty work hours to no more than 12 per day;
- Pair up with a responder so that you can monitor one another's stress;
- Encourage and support your co-workers;
- Drink plenty of water and eat healthy snacks like fresh fruit and whole-grain breads and other energy foods at the scene;
- Take a break when you feel your stamina, coordination, or tolerance for irritation diminishing (frequent breaks are desirable, if possible);
- Make work rotations from high-stress to lower-stress functions and from the scene to routine assignments, as possible;
- Use available counseling assistance programs;
- Talk about your emotions to process what you have seen and done;
- Participate in memorials, rituals, and use of symbols as a way to express feelings;
- Stay in touch with family and friends; and defuse briefly whenever you experience troubling incidents and after each work shift.

SOURCES: National Center for PTSD: *Disaster Rescue and Response Workers*. Web site: [www.ncptsd.org](http://www.ncptsd.org) and the Center for Mental Health Services, Department of Health and Human Services: *Self-care Tips for Emergency and Disaster Response Workers*. Web site: [www.mentalhealth.org/publications/](http://www.mentalhealth.org/publications/).

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### Common Reactions to Disasters

Though reactions to disasters may vary from one individual to another, there are common reactions that are normal reactions to the abnormal event. Sometimes these stress reactions appear immediately following the disaster; in some cases, they are delayed for a few hours, a few days, weeks, or even months. These stress reactions may be categorized as physiological, cognitive/intellectual, emotional, and behavioral symptoms and may include the following:

#### Physiological Symptoms

Fatigue, nausea, headaches, vomiting, chills, ticks, teeth grinding, muscle aches, dizziness, profuse sweating, and fine motor tremors.

#### Cognitive/Intellectual Symptoms

Memory loss, concentration problems, distractibility, reduced attention span, decision-making and problem-solving difficulties, calculation difficulties, and difficulty communicating thoughts and remembering instructions.

#### Emotional Symptoms

Anxiety, feeling overwhelmed, grief, identification with victims, depression, anticipation of harm to self or others, irritability, and frustration.

#### Behavioral Symptoms

Disorientation, confusion, insomnia, being uncharacteristically argumentative, unnecessarily taking risks, crying easily, substance abuse, gallows humor, gait change, ritualistic behavior, hypervigilance, and unwillingness to leave the scene.

**Note:** *Although the above-mentioned reactions may be normal, persons providing disaster behavioral health services should recognize when reactions are severe enough to refer an individual for services of a behavioral health professional.*

SOURCES: New York State Office of Mental Health: *Crisis Counseling Guide*. Web site: [www.omh.state.ny.us/omhweb/crisis/crisiscounseling2.html](http://www.omh.state.ny.us/omhweb/crisis/crisiscounseling2.html). The Center for Mental Health Services, Department of Health and Human Services: *Self-care Tips for Emergency and Disaster Response Workers*. Web site: [www.mentalhealth.org/publications/allpubs/KEN-01-0098/default.asp](http://www.mentalhealth.org/publications/allpubs/KEN-01-0098/default.asp). Used with permission.

Association, after an emergency to help their workforce cope and continue to work effectively.<sup>3</sup>

*Speak to the entire organization as soon as possible.* Leaders should meet with staff at all levels to express shared grief, as well as to promote available counseling services and other resources. Find out if any employees have lost family, friends, or acquaintances. Share grief and offer support. Many people with family in the government, military, or living overseas may be concerned for their ongoing safety. Ask employees if they fall into these categories, and encourage them to seek support and care as needed. Encourage employees to take care of themselves and their families by eating well, getting plenty of rest and exercise, spending time with those closest to them, postponing major life decisions and other significant stressors when they can, and seeking outside help when necessary.

*Educate your supervisors and managers.* Inform all supervisors and human resources professionals about the signs of emotional distress; all policy changes and actions being taken in response to the crisis; and available treatment resources so they can inform staff. Direct them to encourage staff to seek treatment when necessary. Most importantly, remind them that they should seek support as needed, in addition to facilitating this for the people they supervise.

*Provide educational resources.* Your employee assistance program (EAP) may have educational materials and information on covered treatment resources. The National Mental Health Association has resources available on coping with loss, helping children cope, PTSD, and other topics through its Web site ([www.nmha.org](http://www.nmha.org)) and toll-free number (800-969-NMHA).

*Facilitate communication among employees.* Support among colleagues can help employees work through difficulties. Encourage staff to talk and listen patiently with co-workers. Consider allowing people to break

from work periodically to talk. Provide a comfortable environment for them to gather.

*Consider bringing a professional counselor/facilitator on-site.* A professional or multiple professionals can conduct group meetings and provide individual counseling. Such an approach can help you identify and get help to those who need it, which will alleviate their immediate pain and reduce their need for services down the road.

*Revamp your leave policy temporarily.* Allow people time off beyond the norm for donating blood, community activity, and personal needs. People respond differently and recover at different paces. Some will want to get back to work to regain a sense of control, and others will have difficulty focusing for some time. Employees will benefit significantly from feeling that they are able to take positive action and make a difference.

*Let business resume.* Acknowledge that work will be subdued and perhaps very different in some ways, depending on how severely the organization was affected but that there will be continuity. Returning to productive work will help with healing as individuals and as an organization.

*Reconsider your current travel needs.* Employees, clients, and other individuals may be hesitant to make business trips for some time. Consider postponing or canceling upcoming conferences and other meetings that require travel.

*Hold a memorial service.* Ask employees who have lost loved ones if they would like your organization to hold a memorial service specific to their loss and honor their wishes about how such a service would be conducted. You may also consider holding a service for all the victims.

*Organize community action.* Hold a blood drive at your worksite, collect clothes and food for the vic-

TABLE 8 - 3

**Behavioral Health Information Resources for Dealing  
with the Effects of Disasters**

The following organizations provide information on the behavioral consequences of disasters.  
The list is in no way comprehensive but is intended as a starting place.

**American Academy of Child and Adolescent  
Psychiatry**  
[www.aacap.org](http://www.aacap.org)

**American Academy of Experts in Traumatic  
Stress**  
[www.aaets.org](http://www.aaets.org)

**American Psychiatric Association**  
[www.psych.org](http://www.psych.org)

**American Psychological Association**  
[www.apa.org](http://www.apa.org)

**American Red Cross**  
[www.redcross.org](http://www.redcross.org)

**The Center for Mental Health Services**  
[www.mentalhealth.org](http://www.mentalhealth.org)

**Disaster Mental Health Institute at the  
University of South Dakota**  
[www.usd.edu/dmhi](http://www.usd.edu/dmhi)

**Federal Emergency Management Agency**  
[www.fema.gov](http://www.fema.gov)

**International Critical Incident Stress  
Foundation, Inc.**  
[www.icisf.org](http://www.icisf.org)

**National Alliance for the Mentally Ill**  
[www.nami.org](http://www.nami.org)

**National Association of School Psychologists**  
[www.nasponline.org](http://www.nasponline.org)

**National Association of Social Workers**  
[www.naswdc.org](http://www.naswdc.org)

**National Center for Posttraumatic Stress  
Disorder**  
[www.ncptsd.org](http://www.ncptsd.org)

**National Depressive and Manic Depressive  
Association**  
[www.ndmda.org](http://www.ndmda.org)

**National Institute of Mental Health**  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

**National Mental Health Association**  
[www.nmha.org](http://www.nmha.org)

tims and their families, or start a voluntary collection fund for relief efforts. Show employees that your organization is committed to helping those in the workplace, as well as the community at large.

*Plan for future emergencies.* Review your organization's emergency plan to address any problems that arose with the recent disaster. Make sure to involve all segments of your staff in the planning.

**Behavioral Health Resources**

Health care leaders can consider ways to facilitate staff access to behavioral health resources. Professional organizations and federal and state agencies can provide information on organizations and individuals equipped to help staff in coping with the emotional effects of trauma following a disaster. Table 8-3, above, provides the Web addresses of some organizations and agencies as a starting point.

Following major community disasters or emergencies, organizations that provide behavioral health care services are critical resources for all community members, whether they are health care workers or not. Two days after the World Trade Center and Pentagon attacks, the National Association of Psychiatric Health Systems and the American Hospital Association issued a behavioral health advisory recommending that all organizations that provide behavioral health care services review and consider the issues related to readiness to respond to community disaster needs. These recommendations, which can apply to all types of health care organizations, appear as Table 8-4, page 211.

### **Impact on the Organization**

The impact of disasters on the operations of health care organizations cannot be underestimated or overstated. The disruption to the organization's normal systems and processes, from accounting operations to pharmacy services, is enormous. The direct costs of treating individuals immediately following an emergency and lost revenue resulting from the drop-off in inpatient and outpatient business while the organization is attending to the disaster are significant.

For example, preliminary estimates from the Greater New York Hospital Association (GNYHA), issued less than a month after the September 11, 2001, attacks on the World Trade Center, indicate a loss of \$340 million by New York City area hospitals.<sup>4</sup> The losses were due to the combination of incremental emergency expenses, unreimbursed standby costs, and continuing fiscal impacts. The estimates do not include the significant cost increases that will be required to meet new security and emergency management requirements. "New York City hospitals incurred significant unreimbursed standby costs as they abruptly canceled normal revenue-generating activities in order to create as much capacity as possible for the anticipated victims of the attack,"<sup>4, p 2</sup> notes the GNYHA report. The New York City Office

of Emergency Management directed the hospitals to shift to emergency preparedness status on Tuesday morning, September 11. As the GNYHA noted,

Hospitals hurriedly activated their emergency command centers, canceled all possible elective surgeries, medical admissions, and scheduled procedures, closed ambulatory care clinic services, and transferred or discharged hospitalized patients who could be so handled in order to empty beds and free up service capacity for thousands of trauma and severely injured victims of the attack who were expected to flood area hospitals. Tragically, over the next few days, it became apparent that . . . there were almost no survivors. Thus, while hospitals remained on emergency response, beds that were emptied and capacity that was created to respond to the disaster remained largely unused.

Incremental expenses were incurred in the following areas: disaster-related property loss; incremental labor and overtime; incremental security; emergency supplies; pharmaceuticals, and blood; disaster crisis counseling services; emergency food, housing and transportation; emergency structural repairs and debris clean up; emergency telecommunications, generators, energy, purchases, and rentals; emergency morgue; and other costs.<sup>4, p 2</sup>

Because the financial pressures on these hospitals were already severe and mounting before the attack and patient volume remained depressed following the attack, many of the hospitals are in critical financial condition awaiting anticipated reimbursement for the costs they incurred. The hardest-hit hospital financially was NYU Downtown Hospital, which, because lower Manhattan was closed to traffic, had almost no patients at all.<sup>5</sup>

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### Recommendations for Behavioral Health Care Organizations

- **Equip all staff members with general information about behavioral health resources and services.**
- **Identify specialists as well as resources within your own treatment programs.** Be prepared with a list of your own experts in critical areas (such as posttraumatic stress disorder or children's mental health) as well as specialized treatment and outreach services you provide (for example, employee assistance programs) to assist your admissions/intake offices.
- **Have a specific plan to deal with people coming to your facility looking for help.** Discuss specifically how you will determine their needs and get them to the right level of care.
- **Be certain your list of behavioral health community resources is up-to-date so that referrals can be facilitated.**
- **Prepare your media spokespersons with behavioral health facts.** In addition to preparing your spokespersons to educate your community about issues related to grief and loss, prepare to explain your own facility's role in responding to this national tragedy.
- **Consider establishing a toll-free hotline to provide a point of contact for your community.** Consider organizing 24-hour coverage by coordinating with other behavioral health providers in your community (including hospitals, community mental health centers, youth services organizations, group homes, and so forth).
- **Establish regular follow-up with your staff (whether through weekly meetings, internal newsletters, e-mail, or other communications).** Staff members need an opportunity to understand how they can help, and to share their ideas.
- **Continue monitoring your response.** The effects of the events of September 11, 2001, will continue to be felt for a long time. Your organization may need to emphasize different resources as time goes on.

## REFERENCES

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1. American Hospital Association: *Talking points: On Hospitals' Response to the Terrorist Attack*. Web site: [www.aha.org](http://www.aha.org)
2. National Center for PTSD: *Disaster Rescue and Response Workers*. Web site: [www.ncptsd.org/facts/disasters/fs\\_rescue\\_workers.html](http://www.ncptsd.org/facts/disasters/fs_rescue_workers.html).
3. National Mental Health Association: *Helping Your Workforce Cope and Return to Work*. Web site: [www.nmha.org/reassurance/workforce.cfm](http://www.nmha.org/reassurance/workforce.cfm).
4. Greater New York Hospital Association: *The Fiscal Impact of the World Trade Center Attack on New York Hospitals: Preliminary Estimate, Oct 2, 2001*. Web site: [www.gnyha.org](http://www.gnyha.org).
5. Finkelstein KE: Trade Center attack exacts an economic toll from New York's hospitals. *New York Times*, Oct 30, 2001, p A16.