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Finding Your Niche in Disaster Planning and Response

A PHYSICIAN'S ROLE IN PROVIDING CARE IN A DISASTER

Welcome to a special segment, Focus on Disaster Medicine. I am your host, Dr. John Armstrong, and our guest is Dr. Ralph Shealy, Medical Director of South Carolina Charleston County EMS and Rescue Squad and Co-Director of the Disaster Preparedness and Response Training Network for the South Carolina Area Health Education Consortium. Dr. Shealy is an emergency physician and internationally recognized voice in Disaster Medicine.

DR. JOHN ARMSTRONG:

Welcome Dr. Shealy:

DR. RALPH SHEALY:

John, it's good to be with you.

DR. JOHN ARMSTRONG:

Well Dr. Shealy, I have a list of lessons that have been identified from an event in the past and I thought I would just read these because I think there is a point in message. This came out of hurricane that occurred here in America where the water pressure was lost, electrical power to an entire region was lost, auxiliary generators were inaccessible during the storm, operating rooms were contaminated. There were significant supply shortages and roads were impassible to vehicles and pedestrians, and this does sound all too familiar and for our out listeners out there, this is a report from Hurricane Hugo, which hit South Carolina in 1989 as a category 4 storm. It sounds yearly familiar coming out of Hurricane Andrew in 1992 in South Florida and Hurricane Katrina in the Gulf Coast in 2005, Dr. Shealy, you have vast experience around the globe in planning and response to disasters you were involved and it was fought 9/11 in the Gulf Coast Katrina, you were involved in Tsunami response in Sri Lanka as well as response to the recent China earthquake in Sichuan province. What are some lessons that you have picked up along the way that we need to actually learn and put in place?

DR. RALPH SHEALY:

Well! I think that the major lesson is we know these things are coming; they are inevitable part of the life of a country. There is planning that can be done. There is preparation and training that must be done. There are issues of equipment and supply and investing in the materials out of preparation, and we need to develop and practice the systems that we will rely on to pull our society back above water surface being in one of these major cataclysmic disaster and it is cursed. Disaster preparation and preparedness for disasters is one of the cost of doing business for society. Its only an option, we can pay now, we can pay later, and by organizing our social machinery to allow us to have an effective impact in mitigating the severity of these with this and responding to them when they occur is something that is just not a choice.

DR. JOHN ARMSTRONG:

Was isn't that more of a federal government responsibility?

DR. RALPH SHEALY:

That's one of the most severe mistakes that we could possibly make. One thing that has come out of the discipline of emergency management is that the disasters are local event. Disaster inevitably isolates a community or region and impairs communication and that it is really up to local systems, local authorities, local resources, and local citizens to do what needs to be done in the initial stages of the disaster event. It takes time for outside resources to mobilize even when the outside resources are prepared, willing, enthusiastic, and want to respond as rapidly as possible, there is still a time down and we used to say in emergency management that a community should be prepared to take care of itself for 72 hours in truly large scale events where there is not a localized problem, but in regional or spread out problem. If the response to a local community can be even more prolonged. So, the expectation that somehow the cavalry is going to come and rescue in the form of federal or even state response, its just an error.

DR. JOHN ARMSTRONG:

So I am hearing that one key lesson that all disasters are local initially, and I am hearing another key lesson in that planning and preparation are essential for response and that is going to involve some training that on-the-job training really doesn't work in a disaster?

DR. RALPH SHEALY:

Oh! Absolutely not! You know there is one message for physicians who are in practice in communities and so always there is generally the expectation that the professionals will take care of the emergency, the disaster professionals, the people who do emergency medicine in Disaster Response or the EMS,

or law enforcement people or the local government and the federal government that somebody else is going to take care of the response, and what local practicing physicians need to know is that when the number of casualties reaches a level that exceeds what can be taken care of by normal means, then reinforcements are going to be required and reinforcements are not coming from Washington and nor they are coming from main stream and that physicians need to understand that many aspects of the normal practice will come to halt in a major disaster. People are not going to be doing routine annual physicals and routine maintenance visits if the water is over their elbows. That what will be needed is an influx of manpower into acute care and that people whose practices have more of a scheduled quality will be shifting out of routine or have the capability to shift out of their routine practice in terms of the assistance of providing acute care in the community.

DR. JOHN ARMSTRONG:

If you are just joining us, you are listening to a special segment, Focus on Disaster Medicine. I am your host, Dr. John Armstrong and our guest is Dr. Ralph Shealy, medical director of South Carolina Charleston County EMS and Rescue Squad and co-director of the Disaster Preparedness And Response Training Network for the South Carolina Area Health Education Consortium. We are discussing how physicians can get involved in effective planning and response to disasters.

So Dr. Shealy, what is it those physicians should do so that they are ready for the inevitable disaster?

DR. RALPH SHEALY:

We are speaking now of people who are not the disaster professionals, the Rank And File practicing physicians in our communities. They need to be aware that in a truly large emergency that they will be called and will be needed to serve and there are certain things that have to be done if they are to be effective in that role. In particular, first is advanced planning of how you take care of your own family. Then you see your family plan of how the members of your family going to be reunited if anything occur? How you deal with communications of people who are separated? How will you be sheltered?

What provisions are made for loss of power and water? What will you do if food distribution systems are not operational? When the electricity goes and the electronic economic system goes to pot, then you have to rely on a cash economy, how you manage those things and the resources available to help with that planning. American Red Cross has been very clear about that and their website contains a lot of useful information.

DR. JOHN ARMSTRONG:

I would also suggest www.ready.gov as another source for finding individual and family planning tools and so that first step is to be prepared for yourself and for your family and we should mention extended family including pets, what comes after that?

DR. RALPH SHEALY:

Well I think that a physician has to think about its practice and how the practice itself is prepared from a business continuity basis to survive through a major disruptive event that involves issues such as preservation of records, arrangements with employees because especially if the event impacts your own community, then your employees will be victims and your ability to resume operation after the event is subsided will depend on how well your employees, coworkers, and others upon whom you depend are able to recover from the storm. After those things are taken care of, there is the issue of preplanning how you as a practicing community physician will become involved in the community response. Lots of folks are moved after bad events come forward and say, I want to help. They are called as spontaneous volunteers. The trouble with spontaneous volunteers who come forward after disaster is that disaster management does not know these people and not their credentials, they had no training, they are not equipped, they have not been prepared to serve in a particular role. Each individual volunteer has to be managed as an individual unit rather than as part of a group. In major large-scale disasters, spontaneous volunteers become more of a problem. They consume tremendous amounts of energy and because of lack of preparation may not be able to contribute what they would like. So that whole emphasis should be on a physician finding a niche in disaster preparation or disaster response before the event occurs and in credentialing with that organization or that agency or the entity which may be, you know, your own hospital and being assigned past screen for task adequately.

prepared and there is an issue of training for Disaster Medicine. I call it practicing medicine in a tent. There are specific things that a physician must realize to provide medical care in an environment which if a structure is destroyed, resources are destroyed, there is no lab, there is no imaging, and there is limited therapeutic intervention, and so on. So, doctors have got to get ready. If they don't get ready then they are useful after the event is strictly limited.

DR. JOHN ARMSTRONG:

So the key message then is, don't be part of a mass provider incident. We appreciate good intentions, but the reality is that you have got to think before the disaster occurs, the event occurs about what it is that you would like to do in community response and get engaged beforehand whether through your hospital emergency response plan, community emergency response plan, medical societies, etc. What are some of those opportunities for physicians to be part of this community response?

DR. RALPH SHEALY:

One opportunity that has been very valuable to me personally is being involvement with the National Disaster Medical System. I am the senior physician for South Carolina Disaster Medical Assistance Team, and our team has been deployed to other places in the country in response to disasters with some frequency that requires a fairly large commitment, but there are alternatives to that kind of commitment that are also useful. There is now a system called the Medical Reserve Corp in all of the states. These units of Medical Reserve Corp are the result of a federal initiative which is managed by the states and the health professionals are set up to receive training and to be credentialed and organized so that they can be called upon in emergency to provide reserve, resources to areas that have been impacted by disaster.

DR. JOHN ARMSTRONG:

Where can our listener's get more information about NDMS and Medical Reserve Corp opportunities?

DR. RALPH SHEALY:

I would recommend going to the Internet, search for National Disaster Medical System, which describes the opportunities in that system and search for Medical Reserve Corp.

DR. JOHN ARMSTRONG:

I want to thank our guest, Dr. Ralph Shealy. We have been talking about lessons for preparedness in disasters, and in particular how physicians can engage before the disaster occurs.

I am Dr. John Armstrong. You have been listening to a special segment. Make sure to visit our web site at www.reachmd.com featuring on-demand pod cast of our entire library and thank you for listening.

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