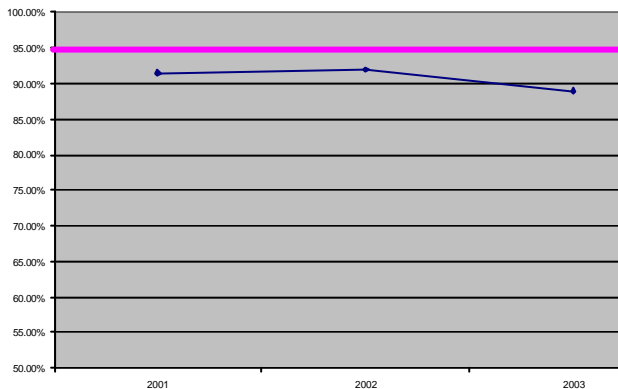


## Leaders Average 89% in 2003 Safety Survey

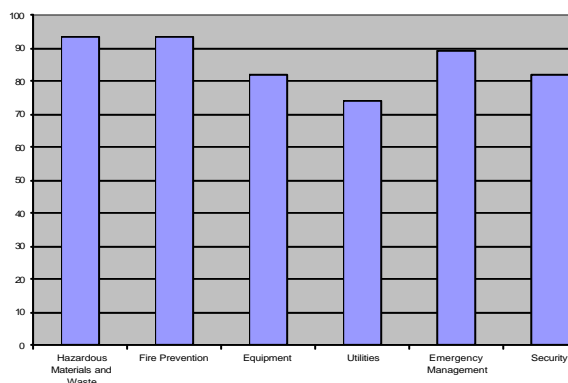
Hospital leaders scored lower on the safety survey in 2003 than in previous years. The average score was 89%, compared to 92% in 2002 and 91.5% in 2001.

Leadership Safety Survey  
Average Score



Leaders scored highest on questions related to fire prevention and response and hazardous materials and lowest on questions related to utility management.

2003 Leadership Safety Survey  
Average Score By Topic



## Kentucky Scores Low in Disaster Readiness Survey

Are we ready for a biological attack? According to a report released in December 2003 by the Trust for America's Health (TFAH), the answer is a resounding no.

The survey, conducted in 2003, indicates that only a handful of states—California, Florida, Maryland, and Tennessee—have made significant gains in preparing for a biological attack. These states met 7 out of the 10 indicators used to evaluate preparedness in the survey.

Kentucky, Arkansas, Mississippi, New Mexico, and Wisconsin met only 2 out of 10 indicators. The report acknowledged that Kentucky has made progress in developing initial response plans and expanding its health communications network; however, it cited major concerns in other areas. Those concerns included:

- Cuts to public health programs
- Shortage of trained public health professionals
- Disagreements between state and local health agencies over resource allocation
- Bureaucratic obstacles to distribution of federal bioterrorism funds to hospitals.
- Inadequate planning for distribution and administration of vaccines and antidotes
- Inadequate planning and preparation to deal with other health emergencies, such as infectious disease outbreaks like SARS or pandemic flu.

UK Hospital has several representatives on the state bioterrorism preparedness committee. In October 2003, the region that includes Fayette County submitted an improved response plan to the state for review and approval.

# HEICS Still the Model for Disaster Response

UK Hospital officially adopted the Hospital Emergency Incident Command System (HEICS) in 2002 when all acute care hospitals in Lexington moved to the incident command structure. The Hospital had been using a modified version of HEICS for over 5 years.

Although changing the way that hospital leaders and employees think about disaster response has been difficult, the system proved its worth during the 2003 ice storm and made believers out of skeptics.

The Hospital still has disaster plans that guide employee response during the first phase of an emergency—until a command center can be established. These plans are outlined in Hospital Policy, Section 12, and in the newly issued Emergency Response Guide. HEICS is designed to provide a structure for decision making and planned response as the emergency moves into hours, days, or weeks.

Hospital employees must know about the basic disaster response plans and the HEICS structure. General information is presented in a computer-based learning module on NetLearning, *Emergency Management: Preparing for Today's Disasters*, but employees must know much more. Supervisors and managers or the department's safety training coordinator must design and present education for employees that teaches:

- ✧ Employee's role in each basic disaster plan
- ✧ Where employee or department falls in HEICS basic structure.
- ✧ What position the employee will report to in an emergency.
- ✧ How an employee will be notified of a disaster and recalled to work, if necessary.
- ✧ How employee will likely be asked to respond in specific emergency scenarios (i.e., member of decon team in hazmat incident, transporter in mass casualty disaster)
- ✧ How employee can obtain equipment and supplies required for response.

## EMERGENCY MANAGEMENT TRAINING RESOURCES

FOR HOSPITAL LEADERS AND EMPLOYEES

### NETLEARNING CBLs

- ◆ EMERGENCY MANAGEMENT: PREPARING FOR TODAY'S DISASTERS
- ◆ WEAPONS OF MASS DESTRUCTION
- ◆ ANTHRAX

### VIDEOS AND CD ROMS

AVAILABLE THROUGH HOSPITAL SAFETY , H121.

- ◆ BIOTERRORISM FOR HEALTHCARE
- ◆ DISASTER PREPAREDNESS
- ◆ BOMBS AND BOMB THREATS
- ◆ RESIDENTIAL SHELTER-IN-PLACE
- ◆ DOMESTIC PREPAREDNESS TRAINING PROGRAM: EMPLOYEE AWARENESS
- ◆ RESOURCES FOR MEDICAL MANAGEMENT OF WEAPONS OF MASS DESTRUCTION
- ◆ CHEMICAL STOCKPILING EMERGENCY PREPAREDNESS PROGRAM: MEDICAL SUSTAINMENT TRAINING

### KENTUCKY TERRORISM CBL

{ [HYPERLINK HTTP://WWW.KIPRC.UKY.EDU/TRAP/INDEX.HTML](http://www.kiprc.uky.edu/trap/index.html) }

### HANDBOOKS AND POWERPOINT PRESENTATIONS

- ◆ UK HOSPITAL EMERGENCY RESPONSE GUIDE
- ◆ MEDICAL MANAGEMENT OF BIOLOGICAL CASUALTIES, AVAILABLE AT { [HYPERLINK HTTP://WWW.NBC-MED.ORG/SITECONTENT/MEDREF/ONLINE/REF/FIELDMANUALS/MEDMAN/HANDBOOK.HTM](http://www.nbc-med.org/sitecontent/medref/online/fieldmanuals/medman/handbook.htm) }
- ◆ RADIATION EMERGENCIES: INFORMATION FOR CLINICIANS AND HOSPITALS, { [HYPERLINK HTTP://WWW.BT.CDC.GOV/RADIATION/INDEX.ASP](http://www.bt.cdc.gov/radiation/index.asp) }
- ◆ MANAGING HAZARDOUS MATERIALS INCIDENTS, { [HYPERLINK HTTP://WWW.ATSDR.CDC.GOV/MHMI.HTML](http://www.atsdr.cdc.gov/mhmi.html) }
- ◆ BIOTERRORISM: INFORMATION FOR LABORATORIES AND OTHERS, { [HYPERLINK HTTP://WWW.BT.CDC.GOV/LABISSUES/INDEX.ASP](http://www.bt.cdc.gov/labissues/index.asp) }

### HOSPITAL POLICIES

This newsletter is distributed to Hospital leaders and safety training coordinators to help them fulfill their safety responsibilities.