

Improving health system preparedness for terrorism and mass casualty events

An action brief
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American
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Association

“A call for action from medicine, dentistry, nursing, emergency medical services, hospital systems and public health to strengthen individual and community preparedness, response and resilience to terrorism and other catastrophic events...”

In July 2005 and June 2006, the American Medical Association (AMA), in partnership with the American Public Health Association (APHA), convened multidisciplinary summit meetings involving a unique partnership of medicine, dentistry, nursing, hospital, emergency medical services (EMS), and public health leaders to assess health system preparedness against terrorism and other potential mass casualty events. Organizational leaders, representing 18 national professional associations, explored the critical needs of, gaps in and barriers to effective integration of public health and health care systems, and also developed recommendations to enhance health system capacity to more effectively prepare for, and respond to, such events. Overarching goals were to develop action-oriented recommendations to improve and sustain health system preparedness, and to combine each organization’s advocacy expertise and experience to promote a shared policy agenda. From their deliberations, summit participants identified eight priority issues that require most urgent attention:*

- *Collaboration, coordination and planning*
- *Communications and information exchange*
- *Disaster recovery and health systems*
- *Education and training*
- *Funding*
- *Health system surge capacity*
- *Legislation and regulation*
- *Research*

*The health care system includes, at a minimum: hospitals, physicians (internists, surgeons, pediatricians, family and general practice physicians, and emergency medicine physicians, as well as specialists in radiation safety, infectious diseases, psychiatry and medical toxicology), dentists, nurses, veterinarians, mental health professionals, allied health personnel and EMS personnel.

Key messages and most critical recommendations

To meet these priorities, organizational leaders identified, prioritized and ultimately achieved consensus on 53 strategic recommendations, which will serve as the components of a coordinated national agenda for strengthening health system preparedness for terrorism and other disasters. With these recommendations, summit leaders invite colleagues and legislators across the country to join in advocating this agenda, as a national call to action, to enable the public health and health care systems to become truly interoperable and integrated, with adequate resources, facilities and training to better coordinate their assigned tasks.

Organizational leaders determined that most immediate attention and action should be directed to the following key messages and recommendations:

Message 1. Public health and health care systems must be appropriately funded and protected as critical infrastructure for responding to day-to-day emergencies and catastrophic mass casualty events.

Congressional action is urgently needed for the immediate increase in federal funding to develop, improve, expand and sustain emergency medical, trauma care and disaster health preparedness systems nationwide. Stable, dedicated funding is needed to ensure the emergency and critical care infrastructure and capacity to respond to disasters, as the current day-to-day health system already is functioning at overcapacity. **(Recommendation 5.1)**

All appropriate governmental and health system entities nationwide must develop and evaluate processes to ensure that, after a disaster, local health systems return as quickly as possible to a state of readiness for routine health care and for future disaster events. These processes must address all components of health care for the public, recognizing that the local health system is part of the critical infrastructure for maintaining both the health of the community and its economic welfare.

(Recommendation 3.1)

Funding for economic recovery to disasters must prioritize the re-establishment of the public health and health care systems to promote economic growth and mitigate long-term medical and mental health consequences to affected populations. **(Recommendation 5.2)**

The Institute of Medicine (IOM) should be charged and adequately funded to perform a comprehensive study of health system surge capacity, with recommendations for developing, improving and expanding the capability of all health systems to prepare for, respond to and recover from disasters. **(Recommendation 6.1)**

Message 2. Public health and health care disaster preparedness and response systems must be fully integrated and interoperable at all government levels.

All governmental and health system entities and professional organizations must support continued progress toward the full integration of emergency and disaster preparedness with public health and health care systems nationwide with respect to emergency and trauma care. Important first steps are the IOM recommendation to establish a lead agency for emergency and trauma care, and the federal mandate to foster interagency collaboration among emergency medical and trauma care services at the national disaster response level via the Federal Interagency Committee on Emergency Medical Services and related advisory bodies. **(Recommendation 1.1)**

All governmental and health system emergency and disaster preparedness planning, mitigation, response and recovery operations, including unified incident command and the emergency operations center, must include the direct participation of public health and health care professionals. **(Recommendation 1.2)**

All governmental and health system entities nationwide must require that health disaster communications and health information exchange networks be fully integrated and functionally interoperable at every level of government and health systems. **(Recommendation 2.1)**

Message 3. Public health and health care professionals should maintain an appropriate level of proficiency in disaster preparedness and response activities through the incorporation of competency-based education and training in undergraduate, graduate, postgraduate and continuing education programs.

All appropriate governmental and health system entities and professional organizations must develop and disseminate health competencies for the management of adult and pediatric patients, both for day-to-day emergencies and for catastrophic events. Appropriate educational accreditation agencies must facilitate incorporation of these competencies into both discipline-specific educational curricula and maintenance of competency programs at the undergraduate, graduate and postgraduate levels. **(Recommendation 4.1)**

Message 4. Public health and health care responders must be provided and assured adequate legal protections in a disaster.

Congressional, presidential and gubernatorial support is needed for the creation of a comprehensive legal framework for the provision and indemnification of health and mental health care by public health and health care professionals who are licensed, recognized or certified in jurisdictions other than those in which medical disasters may occur. Government policies must accommodate complex issues, such as medical liability and licensure portability, to enable volunteer health professionals to participate in disaster response and yet maintain the highest possible standards of care under extreme conditions. **(Recommendation 7.1)**

A pledge of commitment

To demonstrate collective support for this initiative, organizational leaders signed a “pledge of commitment” to four overarching principles: (1) to provide leadership in national, state and community disaster planning and response efforts; (2) to assist state and local affiliates and individual members with “putting disaster preparedness into practice”; (3) to promote multidisciplinary disaster education and training programs; and (4) to ensure national support and advocacy for solutions through research, public policy, legislation and funding.

Improving health system preparedness for terrorism and mass casualty events

A commitment from medicine, dentistry, nursing, emergency medical services, hospital systems and public health to improve health system preparedness for terrorism and mass casualty incidents

We in the health professions pledge to make health system preparedness one of our highest priorities. Working with educators, legislators, social workers, firefighters, law enforcement, business, community groups, clergy and others, we will support national, state and local efforts to strengthen individual and community preparedness, response and resilience to terrorism and other catastrophic events.

Together, we will work to enable the public health and health care systems to become truly interoperable and integrated, with adequate resources, facilities and training to better coordinate their assigned tasks. As scientists, public servants and humanitarians, we will incorporate everything possible into our professional and advocacy efforts to protect public health and safety in a disaster. We resolve to:

Provide leadership *in national, state and local disaster planning and response efforts.*

We will increase our participation in coalitions and programs to further develop and strengthen health system preparedness and ensure that the medical and mental health needs of all populations are addressed. We will work with state and federal agencies and others to ensure that readiness remains high even during periods of seeming safety and stability.

Put disaster preparedness into practice.

We will work together to develop and disseminate resources to help health professionals educate and inform patients and community residents about disaster preparedness, as well as motivate our colleagues to become more involved in local volunteer response efforts. We also will talk with patients, colleagues and community groups about potential hazards and how best to protect themselves and others in an emergency.

Educate ourselves *about disaster preparedness and response.*

Collectively, we will work to incorporate disaster training throughout the health response system. Building a well-trained and well-prepared health work force through an all-hazards approach will bolster medical and public health capacity for any emergency, which will truly strengthen the health infrastructure. As part of our professional development, we will learn to provide culturally competent and supportive guidance and education to patients and family members affected by disasters. In addition, we will become informed about local resources and referral services for victims and others affected by such events.

Advocate for solutions *based on sound science.*

We will work with local, state and federal policymakers to increase resources dedicated to a comprehensive, coordinated and evidence-based health systems approach to disaster prevention, mitigation, response and recovery.

Collaborating organizations

American Academy of Pediatrics

American College of Emergency Physicians

American College of Surgeons

American Dental Association

American Hospital Association

American Medical Association

American Nurses Association

American Osteopathic Association

American Public Health Association

American Trauma Society

Association of State and Territorial Health Officials

Emergency Nurses Association

National Association of County and City Health Officials

National Association of EMS Physicians

National Association of Emergency Medical Technicians

National Association of State EMS Officials

National Native American EMS Association

State and Territorial Injury Prevention Directors Association

For more information or to obtain a copy of the full summit report, please contact:

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The full report and additional resources also are available on the Internet at:

www.ama-assn.org/go/disasterpreparedness

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