

# No-Notice Incidents: Community Response and Media Management

April 2018

## ASPR TRACIE Tip Sheets: No-Notice Incidents

ASPR TRACIE has developed a series of tip sheets for hospitals and other healthcare facilities planning for no-notice incident response. Our traditional concepts and approaches have not kept pace with real-world incidents in the U.S. and other countries or the challenges the healthcare system faces in managing the resulting extraordinarily large number of casualties. The tip sheets are based on discussions ASPR NHPP and ASPR TRACIE had with healthcare personnel who were involved in the October 2017 mass shooting response in Las Vegas and supplemented with information from other recent no-notice incidents. While there is great variance in the scope and healthcare needs resulting from no-notice incidents, these tip sheets focus on some of the identified challenges.

*No-notice incidents are often followed by an overwhelming response from the community, including the media. Members of the public want to contribute and show their gratitude to healthcare workers, first responders, and survivors. The media, while eager to share information with the public, may overwhelm survivors and responders. While generally well-intentioned, these efforts may complicate healthcare facility operations.*

## Security Implications

- Maintain ingress and egress for emergency medical services (EMS) and others providing patient transport. Expect private transports.
- Have default plans for campus protection and access controls when an incident of mass violence occurs including control of traffic and vehicle screening
- Have the ability to communicate with and monitor community EMS and law enforcement radio traffic.
- Plan how you will integrate non-hospital security/law enforcement into your operations.
- Consider how you will distinguish appropriate visitors from potential secondary threats in the immediate aftermath of a mass violence incident.
- Enhance security procedures to assure visitors remain in pre-designated locations.
- Expect challenges maintaining access control to your facility.
  - Coordinate with facility staff to identify expected vendor deliveries (e.g., medical supplies, environmental services products, food services, etc.) and provide security personnel with a list of cleared arrivals.
  - Provide directions to vendors in advance of any modified delivery procedures.
  - Designate a donation drop-off location, if you elect to accept them (covered later in this tip sheet).
  - Pre-identify a location to direct loved ones for family assistance/family reunification.
- Plan for intense media interest. Some reporters will be aggressive in gaining access to your site, your staff, and your patients. Pre-identify a media staging area and monitor to ensure the press corps remains within designated areas. Assure that families and media are kept separate.

## Volunteers

- Expect volunteers to arrive at your door. Physicians, nurses, emergency medical services providers, and lay volunteers visiting Las Vegas from other jurisdictions offered their services.
  - UMC and Sunrise did not allow those who self-identified as medical providers to perform patient care. Because the magnitude was unknown during the early phase of the incident, neither hospital turned away volunteers but directed them to a designated location.
  - Sunrise is considering a process such as taking a photo of volunteers' identifications and licenses to track who is present and available.
  - Consider having a log for volunteers to sign or a website for them to register, and if there is a need, they will be contacted.
  - Consider a single community process for spontaneous healthcare volunteers consistent with hospital policies and involving background checks, with referral to Medical Reserve Corps and other volunteer groups after the incident concludes.
- Establish an emergency privileging process to be implemented if needed.
  - At least one hospital in the Las Vegas area did some cardiothoracic and general surgery emergency privileging.

The Nevada Hospital Association worked with the Governor's office to release an Executive Order suspending all statutes and rules related to health care provider licensing requirements.

## Media Affairs

- Be prepared to treat the media as partners rather than adversaries.
  - Know the story you want to tell.
  - Correct rumors and misinformation. Credible media sources will respond appropriately if you ask them to remove confidential patient information or to publicize important directions.
  - Redirect sensationalist questions.
- Designate media monitors to watch coverage for incorrect or novel information that may assist messaging.
- Expect media interest to be high for an extended period.
  - The press will be at your door looking for information before you fully know what is happening.
  - National and international interest will result in interview requests at all hours of the day and night.
- Pre-identify and pre-train a core group of personnel to serve as spokespersons.
  - Ensure spokespersons dress in a manner that supports your message (e.g., clinicians in lab coats/scrubs convey expertise and respect).
  - As much as possible, have a single credible spokesperson to be the "face" of the response.
  - Keep it simple, speak from the heart, and provide generalities.
  - Present a calm, orderly response.
- Provide regular updates even if the situation has not changed. Minimize "exclusive" interviews in the early aftermath in favor of larger press conferences. Plan to provide updates to coincide with the news cycle (e.g., evening news programs).
- Include social media in your communication efforts.
- Be ready to manage media contact with patients and families as well as staff.
  - Have a process to identify which patients are physiologically and mentally ready to participate in interviews.
- Understand that some members of the press will aggressively pursue a story.

- Reporters may contact patients directly via social media and other means and then arrive at hospitals saying they already have permission to conduct an interview.
- Prepare for requests from political leaders and other dignitaries to visit your hospital and meet with staff and patients in the days following the incident.

## Donations

- Be aware of the details of your jurisdictional emergency management plan's volunteer and donations management support annex. Knowing which organizations/agencies have been pre-identified to lead these efforts will reduce the burden on your facility by allowing you to redirect donations to an entity that has the planning, expertise, space, and staffing to efficiently coordinate the response.
- Be prepared to tell the public what your facility does need. These items are typically welcomed by staff, patients, and patients' loved ones:
  - Cell phone chargers
  - Deodorant, razors, and toiletries
  - Socks
- Make a plan to handle those donations you do receive.
  - What will you do with food donations, keeping in mind safe food handling procedures? Consider implementing a plan to rotate fresh food through each department. Consider a food safety/criteria plan.
  - How will you make food donations available to staff for personal use? Leadership of one hospital took the opportunity to encourage and express gratitude to staff while delivering donations throughout the facility.
  - Are you going to accept donations on behalf of patients?
  - What is your system for managing donated goods? One hospital operated a "store" run by volunteers for three weeks after the incident.
- Recognize that accepting donations, while initially a burden, is likely important in supporting the community's response and resilience.
- Know in advance which entity will be responsible for coordinating blood drives. Consider scheduling a blood drive at a later date for employees who want to contribute.
- Determine ahead of time how the facility will handle financial contributions.
  - How will contributions be used?
  - Will all financial donations be treated the same, regardless of source? Donations may come from individuals, corporations, and non-governmental organizations, among others.
  - Will you accept on behalf of survivors?
  - What guidelines exist for your staff?
  - Will accepting financial donations have any implications on non-profit/for profit status?

- **2,500 pizzas** were delivered to UMC on the night of the incident
- The number of blood units donated to UMC in the week after the incident was **twice what they normally receive in a year**
- UMC received **30 tons of donated water**
- UMC kept its incident command center open for **two weeks** after the incident to manage donations and the press
- Sunrise provided twice daily updates on patient counts and conditions and kept its media center open **24/7 for two weeks**
- Preparing items to be re-donated became a **full-time job for several employees for months** after the incident

In Las Vegas, one of the local blood services organizations had volunteers lining up to donate four hours before they opened. More than 1,000 people were in line the morning after the incident.

## Related ASPR TRACIE Resources

### *Tip Sheets in This Series:*

- Expanding Traditional Roles to Address Patient Surge
- Family Assistance
- Fatality Management
- Hospital Triage, Intake, and Throughput
- Non-Trauma Hospital Considerations
- Trauma Surgery Adaptations and Lessons
- Trauma System Considerations

### *Other Resources:*

- Healthcare Response to a No-Notice Incident: Las Vegas (Webinar)
- Emergency Public Information/ Risk Communications Topic Collection
- Explosives and Mass Shooting Topic Collection
- Volunteer Management Topic Collection
- The Exchange Issue 3: Preparing for and Responding to No-Notice Events*

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