PUTTING NEW CMS REGULATIONS TO THE TEST

12 volunteers + a Decon Team = Success!

HIGHLIGHTING HEALTH CARE COALITIONS (HCC)

Panhandle Regional Medical Response System

A GLANCE AT SCHOOL PREPAREDNESS INITIATIVES

Find out what's happening in your local schools

Nemaha County Hospital Staff triage patients in CMS full scale exercise. Pictures courtesy of Nemaha Hospital
This magazine is made possible with support from the Nebraska Department of Health and Human Services, Division of Public Health; Public Health Preparedness and Emergency Response unit.

Do you have a picture that depicts Nebraska's preparedness? Maybe you are a budding author? Here's your opportunity to shine.

The Center would like to highlight your exercise, drill, training or real event in our next issue.

Submit articles, pictures or ideas by March 1, 2018 to center@preped.org or call (402) 552-2529

"The title UNCENTERED was chosen by our team to describe thinking out of the box or Center, if you will-- uncharted territory from traditional theories and methodologies."

ELAYNE SAEJUNG
Thinking Back

SHARON MEDCALF, PHD
CO-DIRECTOR OF THE CENTER FOR PREPAREDNESS EDUCATION

2017 marked the 15th year of the Center for Preparedness Education, and I would like to reflect back on the most amazing decade and a half of my own career. My then (and long time) mentor, Dr. Phil Smith called me in the summer of 2002 and asked that I join him and to build a training center with funding from CDC that would be known then as the Bioterrorism Cooperative Agreement. This center would be charged with training professionals in the field that respond to disasters and public health departments.

At about the same time, LB 692 had passed into law and multiple new district health departments were forming across Nebraska. I had the distinct honor of sitting in the room as department leadership was signing their initial contracts and setting up operations. It’s wonderful to see how they have grown to become much valued community service agencies, and I feel like I grew up professionally with each and every one of them.

I have also had the pleasure of watching health department leadership change over the years. Many of the original department directors have retired, although a few are still at the helm! And the first BT Coordinators, now known as the Emergency Response Coordinators (ERC), have also changed over the years. Seasoned ERC’s replaced by the next generation of professionals that will keep Nebraska’s communities prepared for the worst.

The Center for Preparedness Education has also housed a handful of educators over the past 15 years. Barb, Leslie and I are the last vestiges of the early team, but we proudly welcomed, and said “farewell”, to a handful of educators as the team grew and as our colleagues moved on to other career opportunities. Every single team member brought innovative skills and expertise over the years, and defined the Center that exists today.

"I owe Nebraska’s public health community a debt of gratitude for being part of this amazing journey”

In 2009 we joined UNMC College of Public Health and we were introduced to the world of graduate students. We’ve had work-study students and graduate assistants learning about preparedness as they begin their careers in public health. In 2010, I reached a fork in the road, and took that turn towards academia. After completing a PhD, I once again partnered with Dr. Smith and we built an academic program for the next generation that was actively joining the ranks of emergency preparedness professionals. I have witnessed 6 years of graduates (both national and international) move to positions where they are making a tremendous impact in the communities they serve. It just doesn’t get better than that!

I just love having one foot in the practice world and another in the academic one. I get a chance to learn from colleagues who are actively doing the important fieldwork, and share that with the next generation working on their education. My journey began with this new profession that emerged 15 years ago, and it continues as we all advance the field. I owe Nebraska’s public health community a debt of gratitude for being part of this amazing journey, and I look forward to the road ahead.
Nemaha County Hospital Drills for Success

Putting the CMS regulations to the TEST

Submitted by Mary Fattig, CEO
Nemaha County Hospital

A member of the Nemaha County Hospital Decon team prepares to entire the decon unit to assist the victims of a chemical release.

In response to CMS requirements for a full scale community based exercise, Nemaha County Hospital began planning in May of 2017. We included Nemaha County Emergency Management, Southeast Nebraska Healthcare Coalition, Nemaha County Homecare, Nemaha County Law Enforcement, Auburn Fire and Rescue departments, Auburn Family Health Center, the Board of Public Works and the City of Auburn. After several multi-agency planning meetings and 2 tabletops, we felt prepared to execute this exercise.

The first radio call came in at 1245 describing a chemical spill accident. Nursing staff began planning their response based upon the information they received. Staff took into consideration staffing for existing and future real patients’ needs. As further information was received, the Incident Command Center, employee pool and Decontamination Team were activated. The Operations Control Center (OCC) was manned and supplies and personnel were directed to the appropriate patient care areas. At this time, the decision was made to prepare for a second patient care area to be available. The need for supplies and personnel were identified and prepared for implementation. The Decontamination Team was in place and ready to receive patients. The first patient care area was staffed and ready to receive patients. Patients arrived, decontaminated, triaged appropriately and initial care implemented. Transfers were identified and resources were secured for transfer to a higher level of care. Due to the additional information reported to NCH, the second patient care area was opened with appropriate staff and resources and allowed them to receive additional patients. Staffing for the second area came from the employee pool. As patients were transferred, patient care areas were cleaned, and new patients received, a flow was developed. Materials Management personnel restocked supplies as needed. Multiple areas utilized employee runners to maintain communication between Incident Command Center and patient care areas and also within other areas that were identified.

"We had 12 students volunteer from Peru State College. They enjoyed the experience and felt relieved knowing that their hospital was prepared if something should occur."

Renee Critser, Nemaha County Emergency Manager
"Exercises like this help us prepare for a real event. As they say practice makes perfect!"

Grant Brueggemann, SE District Public Health

A hotwash was held immediately following the drill which included all agencies and a majority of the active participants. A few areas identified that NCH excelled at were communication internally and externally, teamwork and patient management. A few opportunities for improvement were for the Decontamination Team, appointment of a Safety Officer, and appropriate allocation of runners. After completion of the after action report, improvement plans were developed and implemented.

NCH is better prepared to respond to a community wide disaster due to the planning and training for this drill. “I have been interested in Systems Thinking and how it impacts organizations for some time. Such things as Self-Directed or Self-Organized work teams have always fascinated me. I believe that our organizations works best when it “self-organizes” to complete a task. This was very evident to me during our recent disaster drill. I was worried that we were not prepared. That when the chips were down, we would fail. Boy, was I wrong! As the drill presented itself, our staff self-organized to address the issues as they were presented to us. Leaders appeared where they were needed. We will never react to other issues in the same way again because we will never see this exact problem again. The culture that exists within our organization allows people to have the freedom to self-organize. Such things as trust, transparency, openness, teamwork, etc., allows this to happen. This was truly a display of using the “new science” to improve organizational behavior,”
2017 was one of the costliest U.S. disaster years in history.

Every year preparedness professionals from across the region come together to discuss the latest topics impacting the field of emergency preparedness at the Nebraska Emergency Preparedness Symposia. From hurricane response to public health emergency declarations on the opioid epidemic, this year’s conference has a TON of lesson’s learned. And what about the buzz that UNMC is embarking on cutting-edge simulation and training? This year, Simulation in Motion-Nebraska is joining us with state-of-the-art hands-on training in a mobile unit! Join us for the opportunity to hear the many stories from responders, practice hand-on skills with technology, and learn about other topics at the forefront of emergency preparedness.

The Nebraska Preparedness Symposia is a conference sponsored by the Center for Preparedness Education with the support of Nebraska Department of Health and Human Services, for professionals to network and learn about emergency preparedness.

INTENDED AUDIENCE:
Public health, health care, health education, behavioral health, emergency management, EMS, fire, critical infrastructure, private industry-and other interested parties.

REGISTER TODAY

REGISTRATION CLOSES: April 1 (Gering) and May 1 (Omaha)

FOR MORE INFORMATION: VISIT WWW.PREPED.ORG, CALL 402.552.2529, OR EMAIL CENTER@PREPED.ORG
The Nebraska Panhandle covers 12 counties and includes 8 hospitals and 2 public health departments. There is a long history of cooperative planning and resource development covering a variety of healthcare needs and services.

It is increasingly recognized that emergency events threaten public safety, impacts citizens, and alters the delivery of care. Such events (mass casualty trauma, infectious disease outbreaks, chemical or radiological exposures, etc.) call for teamwork across response agencies to effectively manage response needs, care and flow of patients, gathering and dispensing of response supplies, and organize communication to elected officials and the public. Desiring a regional approach to address these issues, the Rural Nebraska Healthcare Network developed the Panhandle Regional Medical Response System (PRMRS) in 2005. This healthcare coalition joins forces for the common cause of making their communities safe, healthy, and more resilient. PRMRS emergency planning describes how neighboring medical and public health agencies will manage emergencies. PRMRS develops common procedures assisting the response to run as smooth and organized as possible. The healthcare coalition partners train and test their plans to make each response better. PRMRS Healthcare Coalition is funded in part by the Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program.

**Emergency Operations Plan Quality Improvement Project**

PRMRS partners are governed by Medicare and Medicaid Programs; Emergency Preparedness Requirements, and guided by the National Healthcare System Preparedness Guidelines. Partners need to ensure readiness for emergencies and adequately prepare to meet the needs of patients, clients, residents, and participants during disasters. The leadership team analyzed the requirements, and are working together to meet or exceed the standards. Through local agreements, the healthcare coalition developed a quality improvement project to address these standards by taking turns visiting our neighboring hospitals to review their plans and find the strengths and areas needed for improvement. From this experience, the coalition strives to achieve optimal emergency planning efforts by identifying best practices and sharing resources through the plan development in our region. The first trial assessment was conducted in the Fall of 2017. Lessons learned were brought to the entire PRMRS Leadership team meeting to assist in addressing the gaps. From the first visit, the team highlighted Delegations of Authority, 1135 Waivers, and the essential services under Continuity of Operations as the priority areas. These areas will be addressed through planning templates and regional education. Plans include visiting each partner facility as requested over the next 2 years. A local participant had this to say about the project………”The collaboration with colleagues makes the process more focused and the feeling of teamwork to accomplish the goals is always welcomed”---Cheryl Cassidy, CNO Chadron Community Hospital.
Personal Protective Equipment (PAPRS):

Local hospital partners were notified in early 2017 that their current supply of PAPRS (powered air purifying respirators) would soon expire and need to be replaced. This would wipe out the entire regional supply of protection. PAPRS is personal protective equipment worn to safeguard workers against contaminated air during medical procedures. The PRMRS team were able to assist by group purchasing three new PAPRS supplies for each hospital and the federally qualified healthcare clinic. Assuring that partners have the necessary resources allows better preparation and response throughout the region. “Personal protective equipment is important to stop the spread of disease and for the safety of the healthcare worker when the need arises.”—Melody Leisy, PRMRS Coordinator.

What is a PAPR:

- Battery-operated equipment consists of a half or full face piece, breathing tub, blower and particulate filters (HEPA only).
- A PAPR removes the contaminant and supplies purified air to a face piece.
In 2014 the Nebraska Legislature mandated multiple safety and security measures for Nebraska schools: One being the development of standards to use as guidelines for creating safer and more secure schools, two, the submission of safety plans by all schools, and three, all schools have a security assessment by the school security director.

A 37 member committee reviewed school safety standards from several other states and created indicators for Nebraska’s standards. They decided four mission areas for schools would best represent the overall big picture of safety and security that translates into everyday planning in Nebraska schools:

- prevention (aimed at preventing an incident),
- preparedness (targeted at limiting incident casualties, chaos, and destruction),
- response (focused intentional planning for responding to an incident both immediate and long term),
- recovery (designed to restore climate and environment to pre-incident conditions).

In order to complete comprehensive planning for safe and secure schools, four systems must be included to achieve the mission areas:

- Safety planning and training (prevention)
- Threat assessment (preparedness)
- Standard Response Protocol and Standard Reunification Method trainings and implementation (prevention and preparedness)
- Crisis Response (response and recovery)

Based on the data gathered to date, schools have done a tremendous job planning for crisis response and responding after an incident has occurred. The data also indicates the need for prevention and preparedness attempting to avoid an incident before it occurs. Prevention and preparedness are hard pills to swallow when it comes to planning. Will time be well spent if we do not ever need to use the plans? Comments shared far too often when addressing prevention and preparedness can send shivers up the spine of preventionists and those working toward preparedness; “We are a small community, it will never happen here.” “We know everyone, so we are not concerned.” “We have law enforcement in close proximity therefore they will handle any situation that might happen.” “We have good kids, they would never do anything like that.” “Nebraska is a fly-over state filled with good people who care about others.”
Prevention and Preparedness: Hard Pills to Swallow

Schools are being asked, "have you ever had.....

a student threaten to bring a gun to school and kill everyone?"
a student get suspended or expelled?"
a student post on social media that they were going to hurt themselves or others?"
a student that has intentionally harmed or killed an animal for other reasons than hunting?"
a staff member who was involved in an ugly divorce or domestic violence situation?"
a staff member married to someone who has made past threats?"
a parent have a tirade with a staff member over a school incident?
a community member make threats against the school because of a proposed school merger/consolidation, bond issue, or other valued belief?"

These are a few possible threats and situations leading to threats an administrator, staff member, or school may encounter. It is important the school and staff receive support for dealing with like kinds of situations. While schools continue to submit their safety plans for data purposes, threat assessment training will be available to schools providing them support where threats have the potential to harm schools and the people in them. Once all safety plans have been received, there will be a concerted effort to assist schools in solidifying their plans to become updated and user friendly. Until that time, threat assessment training will be the focus with the end goal of preparing school to receive and manage local tips from a statewide anonymous “safe2tell” type reporting system.

Dr. Mario Scalora, Director of the UNL Public Policy Center will be providing the threat assessment training for schools says, “Schools face a range of threats from internal and external sources (problem students, domestic violence, disgruntled citizens) - this is even worse in the age of social media. Threat assessment provides a flexible and evidence based framework to address many of these threats - a strategy for reassessing and managing risks as well as and importantly - ruling out risk of violence to ease people’s concerns. Threat assessment is the standard of practice. Not every case turns out to be a school shooter. It is a flexible alternative to punitive approaches to managing violence. Especially in case of students, it allows for risk to be discretely assessed and managed while addressing concerns and needs of the person. There are areas of overlap among problem behaviors schools are already working in - such as cyber bullying and suicide. We don’t always think about how these point to the risk of violence, but they actually may.”

Going forward it is imperative we turn our focus on prevention and preparedness for safety and security in our schools to prevent possible incidents rather than react after the fact. Safety planning and threat assessment are essential elements to help us shift that focus.

For more information on how you can be involved in school preparedness reach out to your local ESU or visit the NDE website at education.ne.gov
A GIRL, A DOG AND A DREAM

AN INTERVIEW WITH MARY DEGRAFF
BY TONYA NGOTEL

8 accomplishments and a service learning project define the minimum requirements for a 4-H Diamond Clover Award. What Mary DeGraff achieved was SO much more.

4-H members typically begin at level 1 at age 8 and they are expected to complete specific number of accomplishments with increasing levels of difficulty each year. The highest honor in 4-H, the Diamond Clover Award includes approx 33 projects or accomplishments over a 6 year period and ends with a capstone accomplishment.

As with any good story told over time, Mary's begin with her grandparents and their 7 beloved show dogs who were caught in the Bobcat Gulch wildland fire that burned 10 thousand plus acre's in Colorado in 2000. Luckily they were unharmed.

Through this experience, Mary became aware of the American Kennel Club’s (AKC) Reunite program and the creation of the AKC Pet Disaster Relief Trailers. With the support of her grandparents and the passion her mother has working in the field of emergency management, Mary found her 4-H project - to raise enough money to get a AKC trailer in Nebraska.

$24,000 later, thanks to Mary and her fundraising efforts Cass County Emergency Management houses one of the 65 AKC trailers located throughout the US. The trailer came complete with its own generator, kennels, and pet supplies. All it needs to function are volunteers and pets in need of support.

The good efforts of all those fundraising events, the reports required by 4-H and the recognition for a job well done isn't where it ends. As the trailer host, Cass County EMA responsibilities include maintaining and insuring the trailer, showcasing its abilities at public events and education about disaster preparedness for pets.

The AKC Pet Disaster Relief Trailer is ready for action and is located in Weeping Water. Reach out to Mary or the Cass County EMA team if you have a disaster that involves animals or would like to see the trailer in action.

For more information on the AKC Reunite program visit their web site at akcreunite.org
For more information on Cass County EMA visit their web site at casscountyema.com
Our mission is to promote and advocate for Nebraskans who are Deaf, Deaf-Blind, or Hard of Hearing; to achieve equality and opportunity in social, educational, vocational, and legal aspects impacting their daily lives; and to enhance and monitor access to effective communication and telecommunication technology.

With our Behavioral Health services, our goal is to assist providers, consumers and the general public in promoting accessible mental health and alcohol/drug services for Deaf and Hard of Hearing citizens in Nebraska. Serving the mental health needs of the Deaf and Hard of Hearing individuals’ populations often have some conflicts such as lack of sensitivity and awareness of cultural norms, language deprivation and no access to necessary technologies from general service professionals who do not have the background, experience or the assessment tools necessary to effectively serve this population. Direct communication with a mental health care professional in your language and in a mode of communication that is accessible to you is most preferred, but with the number of mental health care professional who knows American Sign Language or are familiar with Deaf, Deaf-Blind and Hard of Hearing is not enough.

This is why we have Behavioral Health service in our agency where we can work with professionals to ensure they provide an access to effective communication within their mental health services to Deaf, Deaf-Blind and Hard of Hearing Nebraskans.
Incorporating FUN into your plans:

**Lets' get our GAME on:**

Preparedness isn't all fun and games
- or IS IT....

The goal of the RROMRS Planning Workshop was to develop a diverse exercise design team that will help collaborate a multi-year training and exercise plan (MYTEP). But, before we could dive into the creation of a MYTEP they first had to review the fundamentals of exercise theory.

What better way to learn the art of using games in learning then to play JEOPARDY..

Did you know: Adult Learners are self-directed, we learn best through hands on activities and usually apply the principles through task oriented training? No one wants to sit through hours of boring PowerPoint presentations where only limited information is retained. Learning through disaster preparedness games such as Jeopardy or Bingo can be creative ways to lure people into learning and engage those who find traditional power point learning boring.

The Center for Preparedness Education can tailor training and exercises to meet your specific goals and community. Call us today to see what we can do for you!
# UPCOMING EVENTS

The Center for Preparedness Education

<table>
<thead>
<tr>
<th>FEBRUARY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PRMRS Workshop</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MARCH</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Road Show</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>APRIL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10 &amp; 11</td>
<td>HSEEP Course</td>
</tr>
<tr>
<td>12</td>
<td>16th Annual Symposia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7 &amp; 8</td>
<td>HSEEP Course</td>
</tr>
<tr>
<td>09</td>
<td>16th Annual Symposia</td>
</tr>
<tr>
<td></td>
<td>Basic Disaster Life Support Webinar</td>
</tr>
</tbody>
</table>

For more information, upcoming events and training resources check out our website at preped.org or call 402-552-2529

The Center for PREPAREDNESS Education

A Joint Endeavor Between Creighton University School of Medicine and University of Nebraska Medical Center