

# NHF NATIONAL PREVENTION PROGRAM

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## At a Glance!

### Key Steps for HTC Preparedness in an Emergency

**The four stages: Prevention, Preparedness, Response and Recovery**

#### **Prevention/Preparedness**

- Know your institutional policies and how your hospital fits into the overall disaster plan in your community. Sources to consider include your hospital's emergency manager, the chronic disease director and/or emergency preparedness coordinator within your local and state health departments and the American Red Cross. Address your plan with the chapters in your area; inform and work with your Federal Regional Director and Coordinator
- Identify the essentials from home and the HTC that each staff member would need in the event of an emergency and have them readily available, e.g., computer backup, patient database, contact information
- Provide each staff member with each other's contact information including information about where they may be reached outside of the area
- To the extent possible, maintain patient records in an area readily accessible and if they are electronically available make sure there is a redundant storage
- Have personal data such as licenses and malpractice information in a secure, waterproof container readily accessible
- Collect and distribute your team's contact information, ensuring you have one central out-of-town number for each person on your team; make those numbers available to all staff
- Prepare your patients on what to do before the emergency strikes
- Give patients information about their medical condition to carry with them securely
- Explore maintaining hospital privileges at out-of-town sites
- Work with the hospital administration to establish procedures to have operating money available for all service lines of the hospital in case of a disaster that causes the hospital to move
- Identify alternate HTCs to assist you in an emergency and help your patients as needed (More than one may be needed to be identified in large areas that are covered by only one HTC, e.g., Nebraska patients could go to Iowa or Colorado.)
- Give patients important phone numbers and Web sites to have with them: the alternate HTCs, chapters, NHF HANDI number: 1-800-42-HANDI and Web site:  
[www.hemophilia.org](http://www.hemophilia.org)

**PROGRAM PARTNER**  
Centers for Disease Control  
and Prevention (CDC)

  
**NATIONAL HEMOPHILIA FOUNDATION**  
*for all bleeding and clotting disorders*



National Center for  
Disaster Preparedness

Mailman School of Public Health  
Columbia University

- With the chapter, hold preparedness education town hall meetings
- Teach patients that most public libraries will have Internet access
- Give the NHF-CDC Emergency Task Force a copy of your plan
- Practice, then adjust your plan according to what you discover needs improvement. Repeat and readjust on a yearly basis

### **Response**

- If at all possible, before the event affects your operations, contact your local chapter and as many patients as possible to advise them of your plans and ask them to keep in contact with you or another HTC on a regular basis until operations return to normal
- Heed evacuation warnings, get out early
- Make sure patients carry the summary of their last HTC visit, and their medical information
- Make sure you have contact numbers for NHF, CDC and other regional players— chapters, other HTCs, health departments, and other disaster relief organizations etc.— in several places in case you need to evacuate in a hurry
- Track all expenses to the hospital (not just the HTC) related to the disaster, as they may be reimbursed if the event has been declared a federal disaster. The expenses must be disaster related and documented. Work with the local Emergency Management Office for specifics related to this

### **Recovery**

- Pre-arrange clinic space if yours is destroyed or temporarily unavailable
- Establish alternative sources for factor if your main supply route is cut off
- With the chapter, hold town hall meetings to let people tell their stories, reinforce preparedness and disseminate planning information to the wider bleeding disorders community for future emergencies

### **Psychosocial Preparedness**

- Post Traumatic Stress Disorder (PTSD) is real—know the signs, it can happen to both patients and providers
- Through the Local Emergency Operations Plan know how to access agencies that can provide mental health first aid during the emergency and those that can provide debriefings afterwards
- If your life is in balance before, it's much easier to maintain balance during and after a crisis
- All people in a crisis may have delayed onset of symptoms or varying duration of symptoms
- PTSD has age-specific features, e.g., children may become quiet, engage in repetitive play, have nightmares, psychosomatic complaints, difficulty concentrating, show diminished interest in activities, exhibit regression to earlier stages of development, etc.
- Caregivers need to recognize their own needs, set limits and take time to care for themselves