Caring for Those Who Care: The Role of the Occupational Health Nurse in Disaster Incidents

by Della Alvarez RN,MS,FNP,COHN-S, Patricia Borgman RN MSN, Mary Jo Cartier RN, Lois Caulum RN MS COHN-S, Cindy Galloway RN BSN, Cindy Groves RN BSN, COHN-S, Naomi Faust RN COHN, Denise Meske RN BSN COHN-S/CM, Dennis Tomczyk MA

Executive Summary:

Since the events of 9/11 there have been substantial resources devoted to emergency preparedness in healthcare facilities, especially caring for a surge of patients in a large-scale incident. Hurricane Katrina fortified the need to such surge planning. Due to the SARS experience in Toronto, there has also been an increased awareness of the “duty to care” of health care professionals, asking these caregivers to make personal decisions about their professional responsibility to continue to care for patients even when they themselves may be at risk. However, little seems to have been done about planning for caring for those who provide care.

Obviously, healthcare workers will be deeply affected by caring for patients in a large-scale incident, physically, emotionally and spiritually. Emergency preparedness planning and response must take into consideration the needs of healthcare workers as they care for large numbers of patients with limited resources under stressful conditions. This obligation to care for its caregivers is a responsibility of each healthcare organization. However, when one begins to assign responsibility for this task, it is evident that the locus for this responsibility is within Employee Health. And within Employee Health there is the “employee/patient advocate” called the “Occupational Health Nurse” (hereinafter, the OHN).

In many OHN Job Descriptions, the employee is referred to as the “employee/patient”. This accurately describes the relationship between the OHN and the employee. The employee is the patient and the OHN advocates for, “cares for”, the safety and well-being of their patient.

This document attempts to provide guidelines on how the OHN should advocate and care for their employee/patients both prior to a disaster, through planning and preparation, and also during a disaster through monitoring the safety and well-being of the employee/patient. It is the belief of the authors that the OHN, if such a service is available at the organization, is best suited, prior to the disaster, to play a major role in the design of the plans to care for the employee/patients, the caregivers, and also, during the disaster, to monitor and provide the necessary care for their employee/patients.

Although these guidelines focus on the role of the OHN in the healthcare setting, all that is discussed here is also applicable to the employee/patients in other settings. Any business will need to continue to function and provide services in a disaster. The
employee/patients of these businesses will also be under stress, dealing with limited resources and conflicting duties. The OHN, whether in an office or industrial setting, will be faced with the same responsibilities and challenges to monitor the safety of well being of their employee/patients.

These guidelines will address the responsibilities of the OHN in the following areas:

- Working Under the Incident Command System
- Maintaining Normal Operations
- 24/7 Availability of the OHN in a Disaster
- Role of the “Occupational Health Champion”
- Prerequisites for Preparing to Care for the Employee/Patient
- Duty To Care
- Isolation and Quarantine
- Shortages of Personal Protective Equipment
- Mitigation Strategies
- Union Issues
- Grieving and Death
- Recovery
- What To Do Now

**Definition of a Disaster**

A Disaster is an incident that threatens the health and safety of staff and patients (clients) and calls for an immediate response, which “overwhelms” the staff and resources of the organization; a disaster may be of short duration or may be a sustained incident.

An Emergency is an incident that threatens the health and safety of staff and patients (clients) and calls for an immediate response, which “stresses” the staff and resources of the organization; an emergency is usually of short duration.

The OHN has a responsibility to the employee/patients in both situations, but, for the purposes of this article, the authors are focusing on a disaster that will be a sustained incident and last for 72 hours or more.

**Working Under the Incident Command System**

It is assumed that the OHN will not only be familiar with the Incident Command System (ICS), but also will be assigned a position in the Incident Command System at the organization. The OHN can be assigned to a number of appropriate positions, but the OHN is most likely to be assigned as the “Safety Officer”.

The first task of the OHN is to identify critical responsibilities, prioritize them and then develop an “Incident Action Plan”. The Job Action Sheets of the Incident Command System do much of this work for each of the positions in the Incident Command System.
The Job Action Sheet divides responsibilities into three phases: Immediate, Intermediate and Extended.

Job Action Sheets should be adapted to the unique environment of each organization and to the particular incident at hand. Much of this work, however, can be done and should be done prior to any incident occurring.

The Job Action Sheet contains a check-off system whereby the person reading through the Job Action Sheet can insert the time that each task is accomplished along with posting their initials. This provides documentation that the person is aware of each action item and has accomplished each action item.

**Table One: Example of Job Action Sheet with Check-Off Items**

<table>
<thead>
<tr>
<th>Immediate (Operational Period 0-2 Hours)</th>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive appointment and briefing from the Incident Commander. Obtain packet containing Logistics Section Job Action Sheets.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify your usual supervisor of your HICS assignment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine need to appoint Branch Directors and Unit Leaders in Logistics Section; distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following Job Action Sheet outlines the responsibilities of the OHN, based on the tiered-responsibilities of the Incident Command System. These responsibilities are taken verbatim from the Job Action Sheet of the “Employee Health and Well-Being Unit Supervisor”.

**Immediate Responsibilities**

- [ ] Receive appointment and briefing from the Support Branch Director. Obtain packet containing the Unit’s Job Action Sheets.
- [ ] Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.
- [ ] Notify your usual supervisor of your HICS assignment.
- [ ] Document all key activities, actions and decisions in an Operational Log (HICS Form 214) on a continual basis.
- [ ] Appoint Employee Health and Well-Being Unit team members and in collaboration with the Support Branch Director, complete the Branch Assignment List (HICS Form 204).
- [ ] Brief Unit team members on current situation, incident objectives and strategy; outline Unit action plan; and designate time for next briefing.
- [ ] Assess current capability to provide medical care and mental health support to staff members. Project immediate and prolonged capacities to provide services based on current information and situation.
Ensure staff are using recommended PPE and following other safety recommendations.

Implement staff prophylaxis plan if indicated. Steps to include:
- Determine medication, dosage and quantity
- Prioritization of staff to receive medication or immunization
- Point of Distribution (POD) location preparation
- Acquire/distribute medication
- Documentation
- Educational materials for distribution
- Track side effects and efficacy
- Augmentation of Unit staffing to provide services

Prepare for the possibility that a staff member or their family member may be a victim and anticipate a need for psychological support.

Ensure prioritization of problems when multiple issues are presented.

Anticipate increased Employee Health and Well Being service needs created by additional patients, longer staff work hours, exposure to sick persons, and concerns about family welfare and initiate actions to meet the needs.

Meet with Support Branch Director to discuss plan of action and staffing patient care areas requiring assistance.

Notify Safety Officer of any health risks or other clinical problems related to staff.

Receive, coordinate, and forward requests for personnel to the Labor Pool & Credentialing Unit Leader and supplies to the Supply Unit Leader.

Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.

**Intermediate Responsibilities**

Coordinate continuing support to staff members; strategically place personnel to assess staff in cafeteria, emergency department, staff lounges, and Hospital Command Center (HCC).

Assign mental health personnel to visit patient care areas and evaluate staff needs.

Coordinate external request for resources with the Liaison Officer and Support Branch Director; follow community plan if available; develop plan for using outside mental and employee health resources.

Notify Supply Unit Leader and Operations Section’s Clinical Support Services Unit Leader of special medication needs.

Continue to plan for a marked increase in employee health and wellness service needs for staff/family; announce options and program to staff.

Coordinate staff “death in the line of duty” response plan.

Monitor exposed staff for signs of illness or injury including infectious disease and exposure to other physical agents such as chemicals or radiation.

Assign staff to support personnel in HCC and provide mental health intervention/advice; contact the Labor Pool & Credentialing Unit Leader for additional personnel, if needed.
Ensure medical records of staff receiving services are prepared correctly and maintain confidentiality of records.

Meet routinely with Unit Members for status reports, and relay important information to Support Branch Director.

Address security issues as needed with the Security Branch Director; notify Support Branch Director.

Report equipment and supply needs to the Supply Unit Leader.

Ensure staff health and safety issues being addressed; resolve with Safety Officer and Support Branch Director as needed.

Assess need to assign additional Unit staff to support employee health and wellness needs to high risk areas such as emergency department, critical care areas and Family Support Center. Request additional staffing from the Labor Pool and Credentialing Unit. Develop and submit an action plan to the Support Branch Director when requested.

Advise the Support Branch Director immediately of any operational issue you are not able to correct or resolve.

**Extended Responsibilities**

Continue to monitor the Unit staff’s ability to meet workload demands, staff health and safety, security and resource needs, and documentation practices.

Continue to monitor exposed staff for signs of illness or injury including infectious disease and exposure to other physical agents such as chemicals or radiation.

Investigate causes related to increased absenteeism; report concerns to the Support Branch Director.

Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Support Branch Director at assigned intervals and as needed.

Continue to provide the Support Branch Director with periodic updates.

Coordinate support to sick and injured staff and report information to the Compensation/Claims Unit Leader.

Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.

Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to Support Branch Director. Provide for staff rest periods and relief.

Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.

**Demobilization and System Recovery**

As needs for the Unit’s staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner.

Anticipate need to provide service to staff and their family for an extended period.

Assist the Support Branch Director and Unit Leaders with restoring employee health to normal operations.

Coordinate long term support needs with external resources including local, state and federal mental health officials.
Provide education on normal stress reaction information sheets/education to staff.
Identify staff at high risk for post-incident traumatic stress reactions and provide debriefing/stress management programs and activities.
Plan to conduct stress debriefings for staff periodically for an extended period.
Compile and finalize employee patient information and records and report to the Support and the Finance/Administration’s Compensation/Claims Unit Leader. Ensure confidentiality of mental health interactions and related records.
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.
Debrief staff on lessons learned and procedural/equipment changes needed
Upon deactivation of your position, brief the Support Branch Director or Logistics Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.
Upon deactivation of your position, ensure all documentation and Unit Operational Logs (HICS Form 214) are submitted to the Support Branch Director or Logistics Section Chief, as appropriate.
Submit comments to the Support Branch Director for discussion and possible inclusion in the after-action report; topics include:
- Review of pertinent position descriptions and operational checklists
- Recommendations for procedure changes
- Section accomplishments and issues
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.

Implementing the Job Action Sheet

The OHN is to be proficient in all these responsibilities and should work through each responsibility to determine how this responsibility will be carried out in a disaster. This is a strong statement that can overwhelm the OHN. The OHN is the “champion” of the employee, the advocate for the employee/patient. If not the OHN, then who? It is recommended that these “disaster responsibilities” become part of the OHN Job Description and part of her/his annual evaluation. Such actions will show the organization’s commitment to this responsibility.

The Job Action Sheet can be and should be adapted as necessary to meet the unique needs and resources of the organization. This Job Action Sheet and other materials referenced in this document should be kept close at hand and used in regular drills and exercises. Otherwise, these materials should be reviewed at least annually and up-dated as necessary.

This Job Action Sheet also serves the very important purpose of providing “just-in-time” training to the replacement for the OHN. Ideally, it would be desirable to identify back-up and replacement staff for the persons to serve as the “Employee Health and Well-Being Unit Supervisor”. In many cases, this will not be possible. Thus, under the Incident Command System, this Job Action Sheet will be the only training that may be provided to the replacement. Thus, having a packet or binder of pertinent materials will help in the
“just-in-time” training for the person, replacing the “Employee Health and Well-Being Supervisor” at shift changes.

Planning to care for the caregivers must be a priority task for the organization in its preparedness efforts. Pre-planning is essential as is the identification of “occupational health champions”. To be effective, this plan to care for the caregiver must become part of the organization’s Emergency Management Plan. The rest of this document provides guidance on how these tasks can be accomplished.

**Maintaining Normal Operations in a Disaster**

The above section identified the many responsibilities that the OHN will need to address in a disaster. However, it is evident, that, even in the midst of a disaster, there will be “normal” responsibilities that need to be carried out. The OHN will need to prioritize these “normal” tasks and, if possible, delegate these tasks to others. “Normal” tasks have been prioritized, for the purpose of these guidelines, into “A” priorities – tasks that must be attended to; “B” priorities – tasks that will be attended to if there is sufficient time or may be deferred. Listing these tasks in this way will help the OHN and administration and his/her supervisor have a better understanding of what will/can be done and what will/cannot be done in a disaster incident. This prioritization of tasks in a disaster is the responsibility of each organization department and not just that of Occupational Health.

**“A” Category Responsibilities**

**Worker Injuries**: The OHN will need to manage the first report of injury. This task is likely to increase in a disaster, as employees will be more susceptible to on-the-job illness and injury due to the stress of the disaster. As employees respond to the disaster, they will be doing more than their normal job; they may be asked to perform tasks that they may not be fully familiar with; they will be subject to high levels of mental and physical stress.

Circumstances may be such in a disaster that the OHN may need to forgo the Accident Review and focus on assessing and treating the patient injury. The OHN along with the organization Risk Manager may need to think about stream-lining the normal required paperwork. The “first report of injury” may need to serve as the “accident report”. The OHN should consider establishing a triage station where the injuries of employees can be quickly assessed and documented. It is possible that, with limited staff and many employees reporting injuries, a simplified “log sheet” where the OHN logs the employee name, date, time, and nature of injury may be all that is possible.

Further research needs to be done regarding Workers Compensation in a disaster. There are many unanswered questions. For example, in a disaster, will Workers Compensation allow a grace period beyond the normally required 6 working days? How much or how little paperwork is required? It is not fully understood how Workers Compensation will provide coverage if a worker is working outside their normal scope of responsibility and is injured while doing so. It is important that the organization, as part of its pre-planning,
have discussions with its Workers Compensation carrier to identify issues that may arise in a disaster.

**Work Restrictions**: Staff with work restrictions may need to be reassigned or, in some cases, they may need to be sent home because the stress and duress of the disaster may further aggravate the reason why the employee was placed on restriction. This may have legal and financial implications and this should be addressed with the Workers Compensation insurance carrier, during the planning process, to determine whether polices need to be adjusted to fit disaster situations. In addition, other employees, due to the effects of the disaster, may also need to be placed on work restrictions or sent home.

**“Walk-Around”**: The OHN has an obligation to monitor the safety and well-being of the employee/patient. The OHN may now wish to begin “walk-arounds” that will allow him/her to have first hand evidence of what is occurring in the work place and how employees are managing under the stress and effects of the disaster. Some OHNs will feel comfortable with this task and will have the ability to freely approach employees and ask them “How are you doing?” Others will need a more formalized structure to allow them the comfort to do this one-on-one monitoring. Employee screenings prior to beginning work may provide for such a structure and allow the nurse to freely converse with the employee about their physical and emotional health and also provide the employee with an opportunity to speak with the OHN.

**Regulatory Issues**: There are a number of regulatory issues that need to be addressed for their “disaster-applicability”. These include the requirement for fit-testing, especially if there is limited time to complete such fit-testing. The completion of the OSHA Form 300, Log of Work-Related Injuries and Illnesses, may not be possible in all circumstances. The section on shortage of personal protective equipment raises other serious issues. In the publication, “Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers” (OSHA 332805 2007), OSHA recognizes, on page 46, that the amounts of personal protective equipment required will be significant, costly and difficult to inventory. However, OSHA offers no guidance, at the present time, about options available to healthcare organizations when such shortages of personal protective equipment occur.

**Family and Medical Leave** (FMLA): This is really a Human Resource issue, but requires the involvement of the OHN to advocate for their employee/patients. As was mentioned previously, there will be a number of employees, who will not want to work because they have conflicting obligations at home or need to care for other personal interests. The process for a “Family and Medical Leave” is fairly cumbersome and may need to be abbreviated in a disaster so as to allow the organization to process larger numbers of employees, who are requesting this leave. Such a system may also allow employees, who fear retribution or loss of job because they stay home out of a commitment to care for loved ones, to have an “acceptable” method to deal with these conflicts. It is important to think through these issues beforehand and have a policy drafted that can be implemented, when necessary. It is also important for employees to know, prior to a disaster, how the FMLA will be managed.
**Processing New Employees and Volunteers**: There will still be the need to process new employees and volunteers. It is also very likely that the organization may need to take on additional employees and volunteers, even on a temporary basis, to assist with the work in a disaster. The State of Wisconsin Hospital Emergency Preparedness Program has established template policies to assist in expediting this process of bringing on additional employees and volunteers, while keeping the organization in compliance with all applicable rules and regulations and Human Resource policies.

**“B” Category**

These are tasks, such as annual screenings, immunizations, TB testing, exposure follow-up, training programs, etc., that may need to be deferred. This is not to state that these tasks are not high priority, but the OHN, faced with multiple responsibilities, needs to prioritize her/his tasks beforehand to know what responsibilities will demand her/his immediate attention. It is very possible that some “A” tasks may fall into this category because there will be so much that needs to be done. The OHN should consider in planning how to prioritize tasks, how additional assistance can be brought in so that tasks can be delegated, how “just-in-time” training can be provided to those who may be assigned to the “Employee Health and Well-Being Unit” from the Labor Pool, and how tasks can be streamlined so that more can be accomplished with less. All this demands significant planning on the part of the OHN.

**24/7 Availability of the OHN**

Given all these many responsibilities and with the high stress on staff during a disaster, there is the definite need for 24/7 services from the OHN during the disaster. This obviously is not a realistic expectation, given that most organizations do not have multiple OHNs. The OHN can extend her/himself through assigning certain tasks to other professions such as Infection Control or Human Resources. However, it is obvious that these professions will also be highly stressed to fulfill their own responsibilities. Thus, in order to make sure that these important “occupational health functions” are carried out in a disaster, the OHN is encouraged to establish a system so that there is an “occupational health champion” in each department. In most cases, this will be the supervisor or the manager of that department.

**Role of the “Occupational Health Champion”**

The OHN is responsible for the safety and well-being of all the employee/patients. Obviously, this cannot be done on a one-to-one basis on a day-to-day basis, let alone in a disaster. Thus, the OHN must “multiply” her/himself by training others to perform these essential occupational health tasks. To manage the many employees and the many challenges to their safety and well-being in a disaster, the OHN has a responsibility to train managers and supervisors, including administrators, in how to care for the employee/patients under their direct supervision. It is the responsibility of the OHN to
provide to each manager and supervisor the plan for monitoring employee health and well-being and then training them in how to implement the plan.

The following is a template policy that the OHN can use and adapt to the unique environment of the organization.

**A Template Policy for Monitoring Employee Health and Well-Being in a Disaster**

**Policy:** It is the policy of the (name) department to serve as an “occupational health resource” to monitor the safety, health and well-being of its staff in a disaster, recognizing that staff will be under increased stress and Human Resource and Occupational Health Resources and other employee assistance resources may be overwhelmed. It is the responsibility of the department manager or supervisor to ensure that the following procedures of this policy are implemented in a disaster.

**Procedures:**

1. The department manager/supervisor is to monitor, during each shift, the following measurable indicators or “metrics” so as to be able to monitor the safety, health and well-being of their staff:
   a. There is a work schedule for staff that allows staff to rotate so that no one staff person works more than one 12-hour shift without the ability to rest for 12 hours.
   b. Each staff person has sufficient breaks for rest and nourishment during their work shift.
   c. The department maintains or has access to an inventory of personal protective equipment (PPE) sufficient for the work that must be performed.
   d. There is documentation that staff has been trained
      i. when to use PPE
      ii. in the proper use of PPE, including fit-testing of N95 respirators
      iii. in the donning and doffing of PPE.
   e. There are hand gels and tissues available throughout the work area.
   f. There is contact with staff by the supervisor/manager at least twice during each shift to monitor the safety and physical and emotional health of each staff member. If there are more staff than the supervisor/manager can reasonably and personally monitor, then the supervisor/manager shall break the work group into smaller units with an assigned “lead” person for each unit to perform this monitoring.
   g. Staff has periodic education in
      i. self-recognition of physical and emotional fatigue and stress that is likely to occur in a disaster
      ii. recognition of physical and emotional fatigue and stress that is likely to occur in fellow co-workers in a disaster
iii. understanding of the policy of organization that it is appropriate that a staff person seek support or refer a fellow co-worker for support

h. Managers/supervisors and staff have readily available a list of emotional support resources should managers or supervisors recognize “emotional fatigue or stress” in their staff.

i. Staff has access to redundant communications, if there is a loss of regular landline telephones or cellular service,
   i. so that they can carry out job responsibilities that require such communications, either internally or externally,
   ii. so that staff, who remain on the hospital campus for more than 12 hours, may have the opportunity to communicate with family.

j. Staff have been provided with a template for a “Family Plan” and are encouraged to complete a “Family Plan”

2. The department supervisor/manager is to document the following plans, trainings and resources that are to be available in the department. All these plans, trainings and resource documents are to be up-dated annually according to organization policy.

a. The supervisor/manager is to have periodic education
   i. in recognizing behavioral symptoms that may indicate emotional fatigue and stress in their employees and how this is to be managed and reported
   ii. becoming familiar with the support resources avaible and the type of services offered by these support resources

b. The supervisor/manager is to have a plan to make accommodations for staff, should working conditions become harsh
   i. due to physical conditions such as crowding, loss of power, heat, air conditioning
   ii. due to emotional conditions such as high rates of mortality, implications of allocation of scarce resources, triage decisions and other such stressors

c. The supervisor/manager has a “Business Continuity Plan” that addresses core functions, performed by the department, so that with fewer staff, services that are not essential can be foregone as a conservation strategy. This will allow staff to become more productive as they perform only “essential functions”.

d. The supervisor/manager has a process to know staff counts on each shift so that the number and names of those on duty can readily be identified.

e. The supervisor/manager has a calling-tree established to call staff when necessary.

Note on “Family Plan”

There are multiple examples of “Family Plans” available and these guidelines will not go into detail on the content of the “Family Plan”. However, it is suggested that the “Family Plan” go beyond resource preparations and also address key decisions that the family members will need to make in a disaster and the effects of these decisions upon the family. For example, what family members will be responsible for certain duties if a
family member must remain at work for extended periods of time? This includes deciding who will be responsible taking the children to school and then picking them up afterwards; who will be responsible for cooking and laundry and household chores; who is responsible for caring for pets, etc. when one or more family members must remain at work for extended periods of time.

This “plan” should also address “duty to care” issues. For example, how each family member will deal with the inevitable conflicts that will occur in a disaster, e.g. “Do I go to work or do I stay home and care for my sick or endangered family members?” Whose job will have priority if the organization has asked that person to work for extended periods of time? What kind of risks will each family member be willing to take at work? Putting oneself at risk at work should also involve a review of all life, home and automobile and other insurances, not just to ensure that there is sufficient insurance, but also to make sure that these insurances will provide coverage under these extraordinary circumstances and that there are no limitations or exclusions for occurrences due to the “disaster” or the “pandemic”. It should not be assumed that insurances will cover all these extraordinary circumstances.

Work Place Policy for Monitoring Employee Safety and Well-Being

It will be difficult for managers and supervisors to write and implement such a policy unless the organization, itself, has drafted a master policy to outline what the organization plans to do for the safety and well-being of its employees during a disaster. Once this master policy has been drafted and there is the support from administration, then managers and supervisors can draft their individual departmental policies. This master policy should also address other issues that are addressed in these “guidelines” such as Human Resource policies on appropriate absences from work during a disaster, union issues, etc. Many of the issues that should be addressed in the master policy are discussed in the section on “Prerequisites”.

Taking Care of the OHN

Now that there are procedures in place for “caring for those who care”, the OHN must also take care of him/herself physically, emotionally and professionally. Physically and emotionally, the OHN must follow all the directives that have been established for monitoring the physical and emotional well-being of employee/patients. The OHN must consider him/herself as an employee/patient. The OHN must not only monitor his/her own safety and well-being, but his/her supervisor also has this responsibility to monitor the safety and well-being of the OHN.

Professionally, it is critical that the OHN have a plan for back-up staffing of the occupational health function, should the OHN him/herself become sick and unable to work. Since this will apply to all critical and essential functions at the organization, the organization should have a plan to back-up all these positions. In a disaster, this may not be practical because it cannot be assured that the back-up persons will, themselves, be available and ready to serve. This, again, emphasizes the importance of planning and,
especially, having Job Action Sheets available, which will serve as “just-in-time” training for the person that is assigned to the occupational health task by the Labor Pool or by the Support Branch Director or the Logistics Section Chief under the Incident Command System

Like all other professionals, the OHN must practice according to the “standard of care”. Healthcare organizations “should always attempt to deliver medical services in conformance with the general standard of care and hold their employees accountable to the same at all times. The general standard of care for medical professionals is whether the medical professional failed under the circumstances of each case to exercise the degree of skill and knowledge that is usually exercised in similar cases by other members of the medical profession. (Malpractice Testimony, 37 AL.R.3d 420,432)12.”

It will be very important for the OHN to document what is being done and what is not being done both in his/her role as “Employee Health and Well-Being Unit Supervisor” and as the OHN. In the case when something is not done, extra care must be taken to document the reason “why” something was not done, even though time may be limited to allow for such documentation. This is very important to prevent the “disaster after the disaster”, when litigators may challenge the organization or, specifically, the OHN for negative outcomes that assuredly will occur in a disaster.

The fact that the OHN has a written “plan” for his/her role and responsibilities in a disaster will show that necessary “due diligence” was performed and that procedures were thought through before hand. In addition, documentation will help support what the OHN could do and could not do. Documentation is a task incumbent upon all professionals and all workers so that an accurate record for the incident and how it was managed can be kept. In this matter, the Hospital Incident Command System (HICS) offers a wide variety of forms that are based on the forms used by the Federal Emergency Management Agency (FEMA) that allow for the proper documentation and logging of all activities13.

After the disaster, it is sound policy and also a requirement by certain regulatory bodies such as the Joint Commission that the entire organization goes through a debriefing and writes an “After Action Report”. The OHN should also be involved in this process and should involve other staff, especially managers and supervisors, in identifying issues regarding the occupational health functions for inclusion in the “After Action Report.”

**Prerequisites for Caring for Those Who Care**

These “guidelines” have identified what the OHN is responsible for in a disaster. So much of the work in managing the disaster takes place prior to the disaster in the planning phase. Much needs to be done in planning so that there is in place the structure to support not only the treatment of the victims, but the care for the caregivers. Many commentators have asked the question, “Is your organization prepared?” This can be a misleading question because, in a very real sense, it is not the level of preparedness, which is “preparedness capacity”. It is not so much the “preparedness capacity” of the
organization (the plans, supplies, resource that the organization has in place) but rather the “preparedness capability” of the organization (the skills, proficiencies, competencies of staff to respond to the disaster) that is the true measure of preparedness. An organization is “prepared” to the degree that it has in place the structures that will allow it to robustly “respond” to the disaster (capability). This ability to respond is best demonstrated by the response of the organization in exercises or in actual occurrences.

The following list focuses on those issues that may affect employee safety and well-being. It is necessary that the OHN be at the table as these issues are addressed\(^1\). The following are only some of the employee health and wellness issues that every organization should address as it prepares for its response to a disaster. Key players that should be involved in the implementation of these items include Administration, Human Resources, Occupational Health Nursing and the Emergency Management Team.

1. In preparation for expected staff shortages, positions should be examined to determine which are essential and non-essential positions in a disaster. Staff in non-essential positions thus may be available for cross training to augment essential positions.

2. Resources need to be pre-identified and ready to support staff. These resources may include Employee Assistance Programs (EAP), social services to assist with childcare and elder care and also pet care.

3. Resources need to be pre-identified and made available if there is a need to house employees, who may not be able to go home. This may include spaces for sleeping, personal hygiene, laundry, the availability of “scrubs”. In some cases, it may be necessary to bring an employee’s family into the organization in order to retain the services of that employee. This means that additional resources need to be made available to house family members.

4. During the normal work shifts, there should be spaces where staff can rest and socialize to allow them to get away from high stress situations. These brief periods of respite may be what are necessary for staff to make it through difficult work shifts.

5. It is very likely that staff will become sick at work or may become emotionally distressed. The organization is to have a plan to transport these employees home and not allow them to transport or drive themselves.

6. Personal protective equipment will be necessary to maintain patient care in an infectious disease outbreak.

7. Food supplies may be in short supply and the demand for food may increase as employees work longer shifts. Some organizations do not have food service, but yet may be faced with a need to provide food and refreshments to its workers. It is also possible that the organization may have additional “mouths to feed” as did hospitals in New Orleans when employees brought family members to work because they felt more secure having family members close by.

8. Although compensation and benefits is not within the scope of responsibility of the OHN, this will be a major concern of employees. As the employee/patient advocate, the OHN should at least inform Human Resources that there will be
many compensation and benefit questions and issues being raised by employees in a disaster.

9. Personal hygiene will be a concern of the employee. Employees working long shifts may need to shower and change clothes, which may necessitate an extra supply of scrubs. In New Orleans, one physician reported that a critical need, identified by all workers, was a change of underwear. Employees on medication will also need access to their medications and an opportunity to have their prescriptions refilled.

**Duty To Care**

The word “profession” comes from the Latin word “to commit”. A professional commits him/herself to a specific code of ethics, "professing" to a higher standard of accountability. A healthcare professional commits him/herself to care for the patient. Especially in high-risk incidents, healthcare workers, along with other critical infrastructure workers, will be faced with conflicting obligations. Do I report to work to care for those to whom I have professionally committed myself? Or do I stay at home to care for my spouse and family to whom I also have committed myself?

Although this is an issue that is beyond the scope of responsibilities of the OHN, the OHN should be involved in discussions at the organization about this issue. Because such decisions will affect the employee/patient so deeply, the OHN should ensure that the organization has discussions about the “duty to care” and its implications on employees and their services to patients.

There are two key “duty to care” issues. First, in a disaster, there are the responsibilities incumbent upon the professional that arises from the “duty to care” that are ethical in nature because the issues involve answers to the questions “Should I or Should I not?” Such issues include acceptable reasons for not coming to work such as fear of transmitting the infection to family members or not coming to work because of the responsibility to take care of sick family members. The OHN may be asked by the employee/patient or by the organization to assist in providing guidance on what are the acceptable and appropriate reasons that would require an employee not to report to work. These reasons may be personal in nature such as the responsibility to care for family members. The OHN also needs to provide strong direction and intervene when employees, who are sick, come to work, even though their reasons for coming to work are laudatory.

A second and more difficult issue to manage is the situation where some employees decide not report to work out of fear of becoming infected or of not wanting to carry the disease back home. This may put them in conflict with the employees who do show up for work. This may cause a conflict because there will now be two classes of employees – those who put themselves “in harm’s way” by reporting to work and those who stayed home. Human Resources will need to sort out these attendance issues and the resulting necessity for discipline or termination. It is likely that there will be a significant number of employees that will not report to work, which in normal circumstances would be cause
for discipline or termination. Terminating a significant number of employees could severely harm the organization in its recovery to normal operations. Yet, without some form of discipline, a conflict could erupt between those who did show up and those who did not, which again could hurt the morale of the workforce and thus the organization as it returns to normal operations. The OHN should be a part of this discussion and help to address the emotional and professional issues involved with these conflicting decisions, facing the employee/patients.

Isolation and Quarantine

There may be the necessity, in collaboration with public health authorities, to impose isolation or quarantine on employees. It will be the responsibility of Infection Control and the OHN to implement any such directives from public health authorities. The OHN should be working with Infection Control now (prior to any incident) to identify the policies and procedures that may need to be implemented in case of an infectious disease outbreak along with identifying the support mechanisms, especially emotional support, that employees will need if isolation and quarantine are imposed.

Compliance and “policing” of compliance will be necessary. There must be instructional materials available “just-in-time” on what are the isolation and quarantine protocols and also what is the responsibility of each employee to comply with these directives and also the responsibility of fellow employees to “police” one another so that these protocols are enforced and non-compliers are disciplined. There is no lack of scientific evidence and studies to support that any outbreak can be significantly mitigated, especially at onset, by strict infection control measures, including isolation and quarantine.

The OHN should be involved with Human Resources and Infection Control in setting up a system that allows for the tracking and trending of employee absences and the reasons for these absences. This will necessarily involve the setting of certain thresholds that would indicate that something “unusual” is occurring. The organization is to have a policy to report to the local public health authorities anything “unusual” once this threshold is reached. This reporting will have greater synergy if other organizations and businesses, including schools, are also participating in such surveillance and reporting projects.

A very gray area is the Workers Compensation issues that will arise in a disaster where it will be difficult to identify whether an illness or injury was caused outside the workplace or within the workplace. This will be especially true for such disasters as a pandemic where it will be very difficult to identify whether the employee was infected in the community or in the workplace.

Shortages of Personal Protective Equipment

Most healthcare organizations along with state preparedness programs have established stockpiles of personal protective equipment, knowing that this equipment will be needed in large quantities in a pandemic or other infectious disease outbreaks. Organizations
know that, even in normal times, there are often back orders for this personal protective equipment. Organizations also know that most manufacturers and distributors do not hold extra inventories in reserve for high demand situations. Projections for the amount of personal protective equipment needed in a pandemic, using such projection models as “FluSurge” from the Centers for Disease Control (CDC), show that there would not be sufficient funds to purchase the large quantities needed, let alone finding the storage space for this personal protective equipment.

This raises two serious problems for the OHN. First, what are the strategies that can be deployed for employees when there are shortages of personal protective equipment? Can the organization ask the employee to care for patients without the benefit of personal protective equipment? Second, what will the organization do if there are not sufficient numbers of employees, who volunteer to work without personal protective equipment and there are patients that need to be cared for? It is likely that there will be increased mortality and morbidity because of insufficient staff to care for these patients. Is there a point at which the organization will need to say “There is nothing more that we can do for our patients.”

The organization will be caught in the dilemma of not putting employees at risk and yet needing to provide care and treatment for patients. There will be those employees who will volunteer to care for patients, knowing that they will not have the necessary personal protective equipment. This raises a myriad of issues, especially what the organization is prepared to do for those employees who volunteer for such high risk service. Also, there are the unresolved issues of how liability insurance and Workers Compensation would apply in such a scenario because the organization was unable to follow proper safety procedures due to lack of resources.

Because shortages of personal protective equipment will so significantly impact employee safety, the OHN along with Infection Control will play a critical role in preparing the policies and strategies to deal with these expected shortages.

Strategies may include identifying conservation methods such as hand washing to replace the use of gloves; “quick fixes” such as using cloth or gauze tied around the face and mouth to replace the use of the mask; reusing N95 respirators. Other strategies may include “distancing” the staff from patients as much as possible or creating barriers between patients and staff, to the extent possible.

The OHN will play an important role in the education of staff. For example, education to reinforce infection control practices will be critical because basic infection control measures are, in an infectious disease outbreak, as they are even in normal times, the most effective way for controlling the transmission of infection. Staff will also need to be educated on the need for proper nutrition and rest to mitigate their susceptibility to illness.
Mitigation Strategies

As always prevention is the best strategy. OHNs should work with their colleagues in Infection Control to design mitigation strategies. In most cases, these strategies are procedures that the organization is already implementing on a regular basis. These include, but are not limited to, such strategies as the following:

- the policy to increase the number of employees, who receive their annual influenza vaccine along with pneumonia vaccine, as appropriate
- general health education regarding the importance of rest, nutrition and exercise
- epidemiology: information on how a person gets sick
- constant reinforcement of the need for proper hand hygiene and respiratory etiquette
- availability of hand gels and tissues throughout the organization
- policies that support employees, who take time off when they are ill (not just in a pandemic, but all the time)
- the availability of self-care instructions: “If you have these symptoms, here is what you should do to take care of yourself”.

Once the outbreak has occurred, there are other mitigation strategies that should be considered and plans established to implement them:

- the conservation of supplies and equipment is to begin at the “start” of the outbreak
- advisement to employees not to travel to high risk areas, even those high risk areas within the organization
- limiting and screening visitors
- limiting access to the building to anyone except authorized persons, e.g. limiting access of delivery persons and for those, who must have access, e.g. repair person, providing health screening and instructions on infection control measures
- further and continued reinforcement of infection control measures
- need for increased fit-testing compliance
- the need to communicate the latest information to employees as quickly as possible
- the “case definition” should be posted on all doors with a process for allowing access into the facility only to authorized persons
- employees may be required to wear surgical masks
- enhanced environmental cleaning may need to take place, e.g. cleaning of common use keyboards, telephones, door knobs, handrails, etc.
- a “daily” cleaning of all areas, both in patient care areas and non-patient care areas, using a moist towelette sanitizer (staff should know what brands contains the minimum of 62% alcohol and what this sanitizer will kill)
- waste baskets should be placed at all bathroom doors

Obligation to Be Prepared

There is an ethical and legal obligation for all organizations to participate in such preparedness initiatives to protect the safety and well-being of its employees. Some organizations have had the benefit of receiving federal preparedness funds to help them
in these efforts. For many other organizations, this funding has not been available. These
guidelines are intended for the OHN in all organizations and efforts should be made by
the OHN to implement these guidelines to the degree applicable to the unique mission of
each organization.

**Union Issues**

For those organizations with union contracts, there is a special need to involve the union
in preparedness planning and the development of polices that the organization will need
to implement in a disaster. Again, the OHN, with his/her heightened awareness of the
procedures that will need to be implemented in a disaster to protect the safety and well-
being of the employees, should play a key role in identifying where union contract terms
conflict with the need of the organization to respond effectively to the disaster. Unions,
although their responsibility is to protect their members, for example, do not allow cross-
training of employees, especially if cross-training involves training of non-union
employees to perform a union member’s job. Other union contract terms may cause
difficulty with moving employees to 12 hour shifts; there are contract clauses that govern
seniority issues in regard to who gets overtime. Such contract terms could hamper the
response of the organization, unless the union works closely with the organization and is
willing to make accommodations to meet the needs of patients or the clients served by the
organization.

**Grieving and Death**

The emotional burden on employees will be significant in a disaster. Not only will
employees experience increased mortality among their patients, they may also experience
deaths of their fellow co-workers and their family members. This will take a severe toll
on these employees. For example, caring for fellow workers in the SARS incident in
Toronto caused serious emotional distress.

“I think if one tribulation stands out from SARS, it was the necessity of treating our
own staff. The number of staff patients we had skyrocketed. At one point, we had 47
SARS patients and half of them were our own staff, including a number of
physicians. That is, perhaps, the most memorable and haunting aspect of SARS, the
surreal atmosphere. Here we had healthcare workers, treating their colleagues who
had become ill and critically ill by treating their colleagues in exactly the same
environment. We had battle-hardened physicians and nurses in tears, faced with the
situation for which no amount of training and experience could have prepared
them.”

If caring for ill co-workers cause this much distress, then the death of colleagues will be
completely overwhelming. The OHN should revisit current policies for managing both
the illness and also the death of an employee and research the applicability of existing
policies in a disaster. Deaths of employees may occur at home or may occur in the
hospital, assuming that the employee may be a patient.
There are certain professions such as law enforcement, fire fighters, the military where death occurs and is accepted as part of the job. This is not the case with healthcare workers. Even though healthcare workers know they work with disease, death is not a common occurrence for healthcare workers. However, infectious disease outbreaks, chemical attacks could cause the death of healthcare workers. Although patients die in healthcare facilities and the family is provided with care and compassion, healthcare facilities and other organizations may not do such a good job with the death of their own personnel because it happens so infrequently.

The OHN should encourage Administration and Human Resources to consider how the organization would manage a situation where there are a number of employees who die due to an incident. There should a plan to respond to the needs of family members and also the rest of the workforce, all of whom will be deeply affected by these deaths.

**Recovery**

Just as the OHN must ensure that there is a plan to manage the safety and well-being of employees during the disaster, the OHN must also ensure that there is a long-term plan to manage the safety and well-being of employees during the recovery period. It should be emphasized that the recovery period may last a long time and may not be limited to weeks or even months. The plan to monitor the safety and well-being of employees must continue until the OHN has confidence that the physical, emotional and social issues of the employee/patients, resulting from the disaster, have been sufficiently addressed.

A referral to the Employee Assistance Program or simply letting employees know that this service is available may not be sufficient. There are those employees who find it difficult to seek assistance even if it is easily and readily available. There are those, who will are to “hide” their physical and emotional distress, even from their own family members and closest friends.

Recently, there has been discussion in professional literature about the phenomenon of “the fatigue that comes from caring”, which is the “price” of sharing and feeling the experiences of traumatized patients. This fatigue is the cumulative effect of caring for seriously ill or injured patients over a period of time. Whether the trauma be a short-term, high stress incident such as caring for seriously injured victims of a building collapse or the stress that accumulates over a period of time such as during a pandemic, caregivers will feel these effects physically, emotionally and spiritually. And when the caregiver is seeing patients suffer and even die from a lack of human and material resources and the difficult decisions that must be made about the allocation of these scarce resources, these events may challenge the deeply held values of the caregiver about their profession and about the organization for which they work.

The OHN may want to establish “sentinel events” as “indicators” that an employee should be strongly encouraged to seek assistance and debriefing. Such a sentinel event might be an employee involved in a patient or family member’s death or caring for an ill or injured co-worker. OHNs may also need to establish, during the recovery period, a
“fitness for duty” evaluation process whereby the employee goes through a physical and emotional evaluation before returning to work.

Employees should also be educated in how to monitor one another. Family members of staff should also be offered this education so that they know what behaviors to look for that may indicate physical or emotional distress in their family members, who have been involved in the disaster. The OHN may want to consider making available to all employees and mailing to family members a brochure on “What to Watch For”. Family members may also need to take advantage of the Employee Assistance Program even if their family member, who is an employee, does not feel they, themselves, need this service at this time.

Most people are aware of the Sago Mine disaster that occurred on January 2, 2006. Most are unaware of what happened nine months later. The following is an excerpt from USA TODAY, September 27, 2006:

Two West Virginia miners who were at the site of a deadly blast that ripped through the Sago Mine early this year committed suicide in the past month…(the two men) were questioned by investigators in the aftermath of the January 2 explosion, which led to the deaths of 12 of their coworkers. Neither was blamed in the tragedy, and police said it's not clear why they committed suicide. But… (the Governor’s) adviser on the accident, said such incidents weigh heavily on those involved. "Traumatic events have a long-lasting effect on people," (the advisor) said. "We have to be careful and conscious of this fact and provide as much counseling and support as we can."16

**What To Do Now**

Recognizing the important role of the OHN in a disaster, what are the steps the OHN should take to implement the recommendations in this document? The following are some recommended first steps:

1. The OHN should discuss the “big picture” of the roles and responsibilities of the OHN in a disaster with administration in order to get their buy-in and commitment so that the OHN can begin to design, build and implement these plans to care for the caregiver.

2. The OHN should make sure that these responsibilities are built into her/his Job Description and annual evaluation.

3. The OHN should be thoroughly familiar with the Incident Command System. Courses such as IS 100 HC and IS 200 HC at [www.fema.gov](http://www.fema.gov) are a great start to understanding the Incident Command System.

4. The OHN should review the various Job Action Sheets that might be applicable such as the Job Action Sheets for the Safety Officer or the Employee Health and Well-Being Unit Supervisor. These Job Action Sheets can be found at [www.emsa.ca.gov/hics/hics.asp](http://www.emsa.ca.gov/hics/hics.asp). The OHN should take these Job Action Sheets and adapt them to the unique environment of the organization.

5. The OHN should then identify those persons that can assist the OHN in carrying out these many responsibilities during a disaster and determine how these persons
can be trained or at least oriented to these responsibilities, using the Job Action Sheets as “just-in-time” training.

6. The OHN should begin to identify “occupational health champions”, usually directors, managers and supervisors, and train them to serve as “occupational health champions” to monitor the health and well-being of their employees during a disaster.

7. The OHN should collaborate in building these plans with Infection Control, Human Resources, the Employee Assistance Program and also with local public health authorities.

8. Plans then need to be tested regularly. It is recommended that the plan, developed by the OHN, be implemented in an annual exercise along with other components of the facility’s Emergency Management Plan.

Conclusion

Organizations have a heightened awareness of the need to prepare for disaster incidents. Organizations are “hardening” their building against attacks, establishing business continuity plans and healthcare organizations are preparing for the surge of patients.

The OHN is the one person whose principal responsibility is to monitor the safety and well-being of the employee/patient, to “care for the caregiver”. These guidelines provide recommendations for the OHN to translate their day-to-day responsibilities into caring for their employee/patients in a disaster. Caring for others is a privileged profession. The OHN is even more privileged “to care for those who care”.

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1 This document uses the term “Occupational Health Nurse”. It is understood that organizations may use different titles, such as Employee Health Nurse, to describe the role of the person that is to monitor the health and well-being of the employees.

2 OHNs, who need to know more about the Incident Command System, are encouraged to take IS 100 HC – “Introduction to the Incident Command System” and IS 200 HC – “Basics of the Incident Command System”, available at no cost at www.fema.gov

3 This assignment will be unique to each organization

4 A complete set of Job Action Sheet and all Hospital Incident Command System (HICS) materials, as developed by the State of California, Emergency Medical Services Authority, can be found at http://www.emsa.ca.gov/hics/hics.asp and are available as WORD documents that can be revised or as PDFs.

5 These first four responsibilities are the same for all functions in the Incident Command System.

6 Employee Health Departments, in most organizations, do not have many staff members. Thus, the OHN needs to consider which existing functions/staff might best be assigned to fulfill the various responsibilities that are outlined in the Job Action Sheet.

7 Many state preparedness programs have caches of medications for certain types of incidents. For example, the State of Wisconsin has an Interim Pharmaceutical Stockpile that contains antibiotics that can be used for anthrax, tularemia and plague. OHNs should be familiar with their state programs.

8 It is understood that Employee Health records are maintained separate from the staff person’s medical records, as required by OSHA.

9 These template policies (Policy for theGranting Disaster Privileges to Volunteer Physicians and Allied Health Personnel in a Disaster” and “Policy for the Deployment of Volunteer Healthcare Workers in a
Disaster” include step-by-step procedures for hospital to credential and deploy the volunteer. The template “Application to Serve as a Volunteer in a Disaster” contains all the information the hospital needs to deploy the volunteer, including an Orientation program. Copies of these policies are available by contacting the Wisconsin Division of Public Health, Hospital Emergency Preparedness Program.

10 The Job Action Sheets of the Incident Command System have a responsibility for each person in charge of a Section, Branch, group, etc. That responsibility is to monitor the safety and well-being of the persons that report to him/her. However, there is little guidance on what this monitoring entails.

11 Redundant means back-ups systems are available should one system fail. For example, in the State of Wisconsin hospitals are required to have 4 levels of telecommunications redundancy: landline and cellular telephones; two-way VHF/UHF/800MHz radios; satellite telephones that can transmit voice, email and data; amateur radio (HAM).


13 All forms from the Hospital Incident Command System (HICS) for use in an emergency can be found at http://www.emsa.ca.gov/hics/hics.asp

14 It is also recommended that the OHN be an ex-officio member of the organization’s Emergency Management Team.


16 USA Today, Wednesday, September 27, 2006, page 3a.