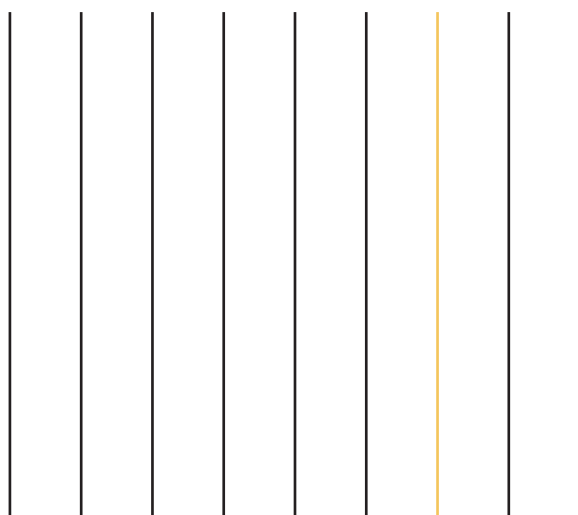


JUNE 2 - 4th, 2024



86TH ANNUAL CONFERENCE

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CONFERENCE EVALUATION



Thank you for joining us!

THE VETERINARIANS ROLE IN DISASTER RESPONSE

DEBRA ZORAN
DVM, PHD, DACVIM-SAIM

DISASTER
RESPONSE



The Vet's Role in Disaster

Debra L. Zoran, DVM, PhD, DACVIM-SAIM

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Goals

Provide you the information that you need so that you can:

1. Be of most help to your community while protecting yourself and practice
2. Understand and be ready to integrate with local/state entities on a deployment seamlessly
3. Be prepared to deploy safely and understand your role within the system

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Sections

ICS 101 and Understanding Your Role

- ICS 101 – Org charts and a new language
- Command staff, accountability and chain of command
- Veterinary Organizations – from local to regional to State

All Disasters are Local

- How will you be activated?
- What can you do to help your community?
- What should you know about your city/county and the EM structure

Preparing for Deployment 101

- How to prepare
- What to bring
- What to expect

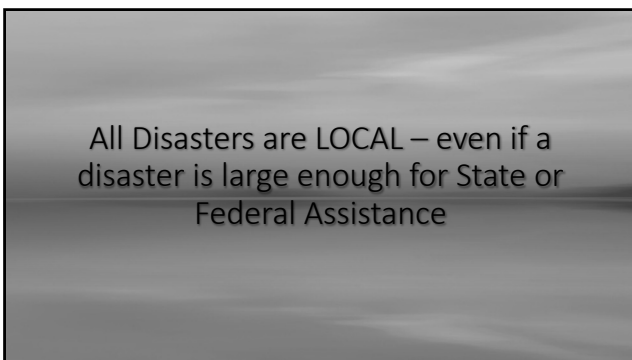
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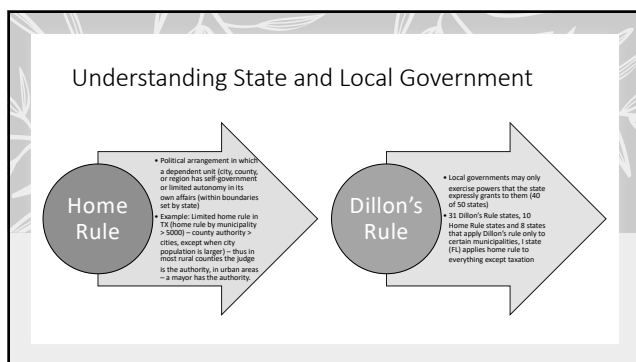
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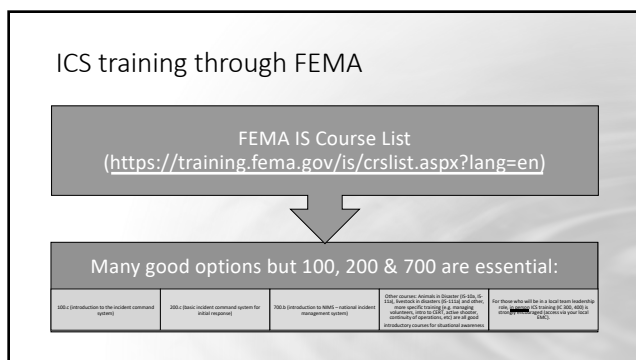
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ICS Basics – the structure we work under, the rules we play by, and a new language...

EMC = Emergency Management Coordinator
EMS/S – EM Director/Supervisor

EOC = Emergency Operations Center
OES = Office of Emergency Services

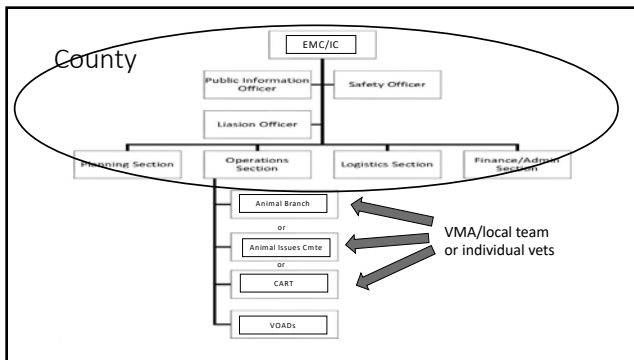
Animal Branch = Group responsible for planning and/or response on behalf of animals in local org chart

NGO/VOADs = Non-governmental organizations (non-profits)/Volunteer Organizations Active in Disaster

Org chart – The Command Staff and why ELOP is so important

ICS forms - mostly important to Command Staff, but you will have to use form 213 (official request) or 214 (personnel log/daily activities)

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CERT

A good way to get to know your community's emergency structure and personnel

COMMUNITY EMERGENCY RESPONSE TEAM

12

People in your Community You Need to Know for Animal-based Disaster or Emergency Response

- Elected City/County Officials
- Emergency Management Officials
- AgriLife Extension Personnel or FFA
- Sheriff (LO)/Animal Control (ACO), Shelter personnel
- CART/VMRC or other local response organizations if they exist
- Members of any local emergency planning (LEPC) or animal response committee's (AIC, etc)

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AVMA Veterinary First Responder Certification:

New approach from AVMA disaster team

Challenging to obtain the all classes (but work on this in progress)

Excellent way to demonstrate you have a basic understanding of emergency response

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Responding on Behalf of Animals in Disaster: Organized Response Options

Local

- CART – (Community/County Animal Response Team) volunteer organization, may become 501(c)(3)/NGO, and thus is a VOAD (like Red Cross as an example)
- LEPC – (Local Emergency Planning Committee) – not specific to animal but all hazards
- Volunteer on your own to local response / animal branch (shelter or local vet response under animal operations)
- CERT (community emergency response team) – non-animal oriented but good intro to emergency response in your community/county

State

- SART – State Animal Response Team – typically under Dept of Ag/State VET (SART)
- VET/COVET/PHETS – Veterinary Emergency Teams under Veterinary schools (TAMU, UCSD, etc)
- VMRC – Veterinary Medical Reserve Corps (regulation under HHS) e.g. CVMRC under California VMRC – local, regional or State level

Federal (Government based)

- NVRT – National Veterinary Response Team – under HHS, previously DHS, and originally formed as VMAT
- HERC – USDA Infectious Disease Response Team

NGOs (National Organizations)

- Shelter – American Humane, ASPCA, Best Friends, American Red Cross, etc
- Rescue (ASAR) – Code 3, ASPCA, others

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What are possible ways you may be involved?

Small and short duration events (1-2 day events)

- Likely handled strictly at the local level with volunteer involvement as part of the local jurisdiction's response
- Ways to be involved (with appropriate training):
 - Planning (assist with team oversight at EOC, assist with organizing, set up)
 - Response (assist with shelter med, disaster medical triage and stabilization)

Larger and longer duration events

- Large scale event with state or federal declaration, or event too long for local/regional volunteers to sustain
- Join CART, VMRC, SART or National level group – will provide the organizational structure, equipment and inventory needed to sustain a large-scale disaster response

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You Should NOT DEPLOY Without An Official Request or without a position on a requested team/group!

In other words: Self deploying is both dangerous and inappropriate – you are putting yourself and your livelihood at great risk

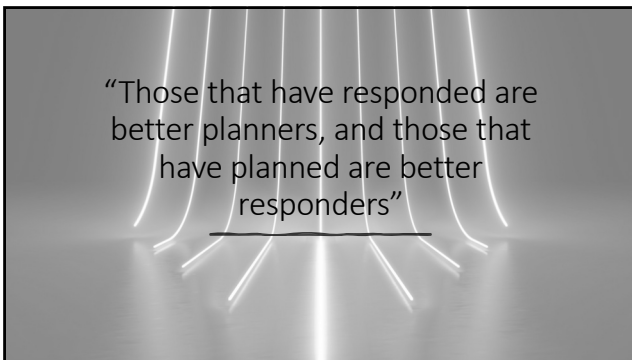
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Questions About Where or How You Fit?

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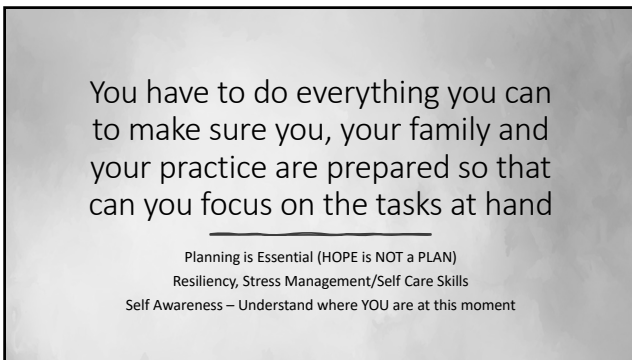
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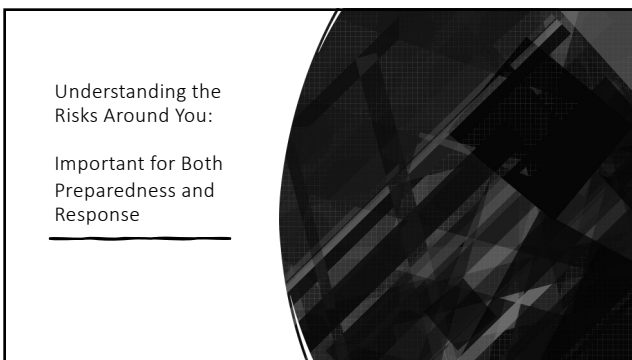
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Natural hazards are only one aspect....
What are your man-made risks/hazards?

- Industrial (chemical, biological, radiological, explosives)?
 - Chemicals: EPA triexplorer
 - Radiological (power vs other sources)
 - Biological (Covid...)
- Transportation/Structural (roads/trains, dams, etc)?
 - Ohio and Georgia train/plant explosions just this past month
- Cyber/Infrastructure (power/water/connectivity)?
 - e.g. loss of power from human activity (power grid)
- Human (active shooter)

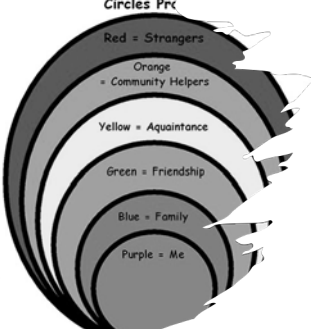


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Circles Pro



Personal Preparedness

- Personal Emergency Plan for you and your family
 - AVMA – Saving the Whole Family plans for personal pets and practice continuity planning – at AVMA website
 - <https://ebusiness.avma.org/ProductCatalog/product.aspx?ID=140>
 - Be Red Cross Ready
 - <https://www.redcross.org/get-help/how-to-prepare-for-emergencies.html>

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Practice Preparedness and Continuity of Operations

Critical to you and your practice but absolutely essential in the event of any disaster (small, local or large scale)

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Is the plan written down and your family/team (not just the boss) knows how to implement it?

Remember Murphy? Disasters like to happen when the boss is out of town.....

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Resources for Creating your Practice Plan

AVMA

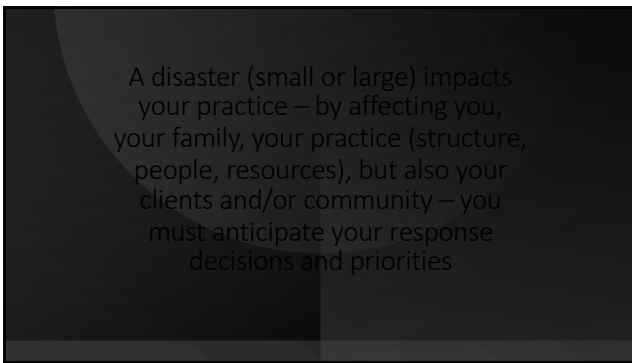
Website: <https://www.avmaplit.com/education-center/library/disaster-planning/>

Many business Continuity of Operations plans can be adapted to your veterinary practice

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Preparing Yourself and Your Family

Family preparedness

Animal family preparedness

Work family preparedness

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Preparing Others for Your Deployment

Day to Day needs around the house....

- Handing off responsibilities to others (family, friends, pet care, etc)

Have your Work Life in Order

- Employer is all in on your participation and what it means
- Who is covering for you? Is this reasonable?
- What amount of time can you be gone? Some teams require 2 week commitments others are more flexible

Have your Personal Life in Order

- Medical (health issues, prescriptions, fitness)
- Legal (will, trust, etc)
- Financial
- Emotional (is your spouse all in with this? Do you have kids/pets with specific needs?)

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What to Bring in Your Go Bag




Minimum 3-days of self-sufficiency.

Pack 1 week of clothes/supplies into duffel, in event no laundry facilities available

- Extra underclothes in case of sparse showers, shower wipes/quick dry towel
- Sleep needs (eye cover, sound protection, pillow, etc)
- Rain and cold-weather gear, boots for day/comfort shoes at night
- Snacks or dietary needs for between meals
- Daily medications or other personal care items
- Book, ipad/charger, dominos/cards to pass time

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Personal Safety Gear



- Sunscreen and bug spray!
- Work gloves
- Cap or hat and sunglasses
- Sturdy shoes
 - Ankle support
 - Steel-toed shoes recommended
- Water additives (if that helps to stay hydrated!)
- Having a multitool / knife in your pocket
- Knee pads
- Safety helmet will be provided if needed as will other PPE

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Questions?

Time to ask

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Communication – The Key to Success or Failure

- Team communication
 - Radio's and Radio Etiquette – it's not a CB – know what you are going to say, say it in the shortest possible way
 - We don't use radio call signs or typical radio short cuts (10-4, 207, etc)
 - Team briefings (am/pm) and information movement up and down chain
 - All team members must learn that disaster communications are "short, direct, and not personal" – in other words, don't be too quick to take offense
- Interagency communication
 - Critical in large scale events involving multiple groups working in same area



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First Day of Deployment



- BoO location/set up may not be known until we get to the area of operations
- Expect down-time
- Factors being considered
 - Safety
 - Access
 - Security
 - Efficiency
 - Infrastructure
 - Availability of buildings

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Sleeping Arrangements


Co-ed arrangements are necessary and often in large noisy rooms (exception Covid)
Bring Ear plugs or AirPods
We supply cots and have sleeping bags – but it is a good thing to invest in a cot and sleeping bag for you!

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Anticipate difficulty with sleeping for the first few nights

Generators, miscellaneous noises, cots, adrenaline, lights



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Showers, laundry and personal care...



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Meals and Timing of Them

- MREs may be necessary for a short period during early phases
- Live off the system
 - Typically hot meals for breakfast (0630) and dinner (1900) and a cold lunch (sandwiches) midday
 - Not necessarily a balanced diet – important to understand what you can and cannot eat for your own health
 - Consider bringing snacks if you have special needs
- STRONG coffee is a must!



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Medical
Operations: The
Many Faces of
Deployment



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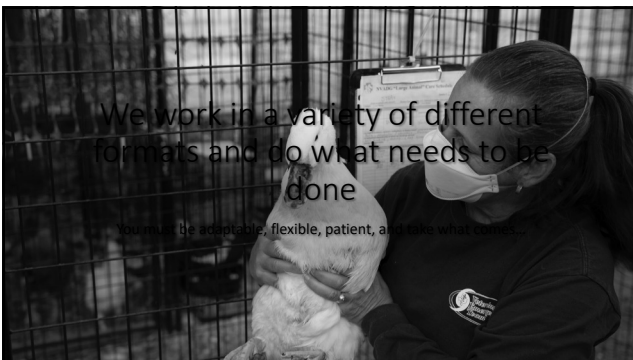
Typical Day:
THERE IS
NONE!



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We work in a variety of different
formats and do what needs to be
done

You must be adaptable, flexible, patient, and take what comes.



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Deployments
are ALL
Different and
Don't Always
Involve
"Disaster"
Medicine



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Sometimes your strike team will be assigned to non-"medical" missions: such as triage/admissions, decontamination oversight, field assessment of animals impacted and their needs, or other duties

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Decontamination is an Important Role

Triage of animals entering decontamination line for injuries/illnesses that need immediate care

Assessment of animals for safety (behavior issues or fear)

Will be required to be actively involved in decontamination of cats, small mammals or pocket pets/exotics due to need for appropriately handling, containment, and potential need for sedation

We will likely have to train volunteers in proper handling and decon procedures



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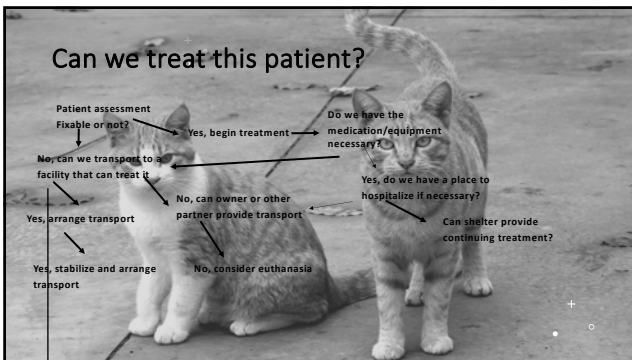


Veterinary Medical Operations: Field Medicine

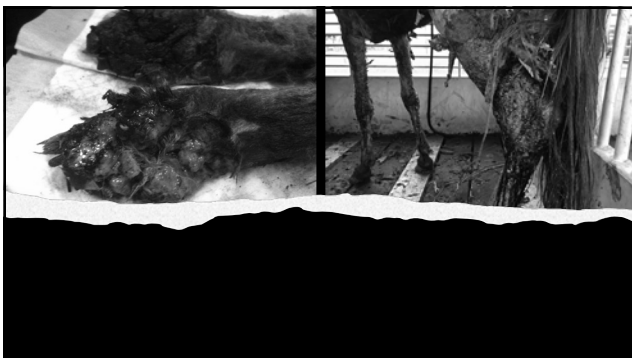
We are at the "tip of the spear" so to speak in the disaster – this means our care of the animals presented to us is often just the first step (triage and stabilize) before transfer to emergency shelter

We may not be able to take the treatment of an individual animal to completion (diagnosis and standard of care treatment) - but if it is humane to do so, and appropriate given our situation, we may attempt to "buy time"

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Some will include support of S&R canines

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Deployments involve all species - the ability to be adaptable as a team member is crucial, but it is also critical for you to strongly state your capabilities (don't put yourself, your team, or animal in danger attempting something you are not comfortable or experienced doing (ex. exotic species, cats or horses....))

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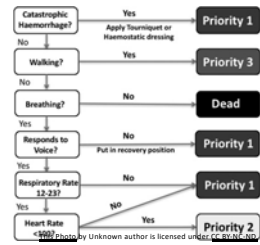


Prepare to work outside a "normal" clinical environment: without your full complement of medical equipment or the drugs and supplies you are used to

We are working in a field medicine (triage and stabilize) mode where final diagnosis or treatment is not the goal or the expectation

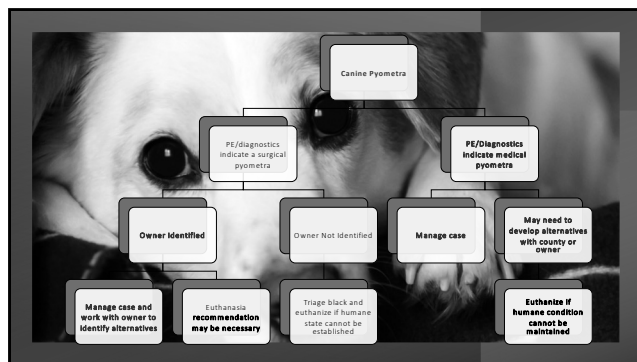
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Triage = "to sort" - but it's more than that

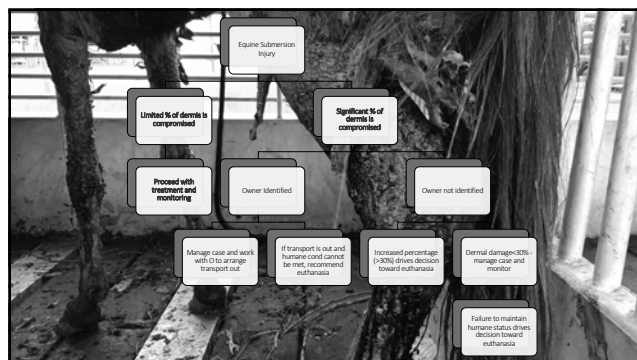


- Other things we must consider:
 - Is higher level care available? If not, it may impact decision making on more critical cases
 - What impact on our resources?
 - Can we provide humane treatment for the animal without harming our ability to continue to provide care for other animals (e.g. oxygen required for patient transport takes away oxygen from all other animals)
 - "the needs of the many out-weigh the needs of the one"
 - If we start to "hold onto" animals in our space – it will impact our ability to take in more patients but also increases work load

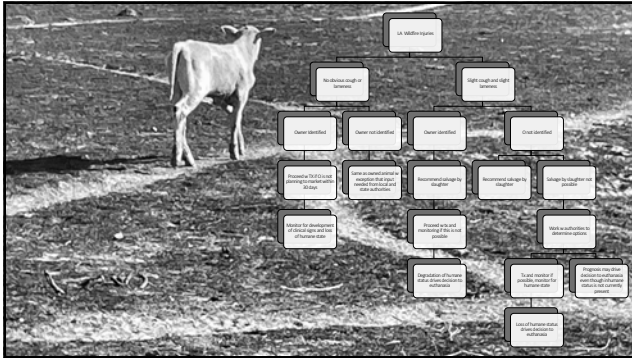
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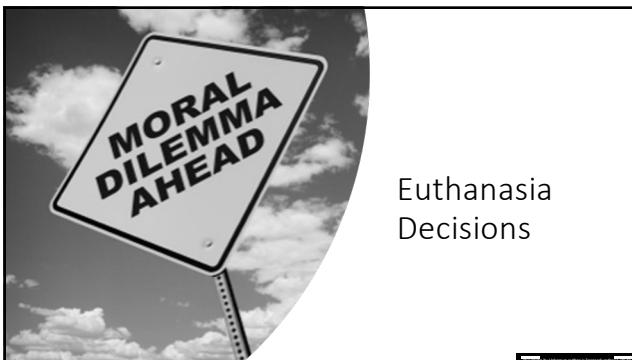
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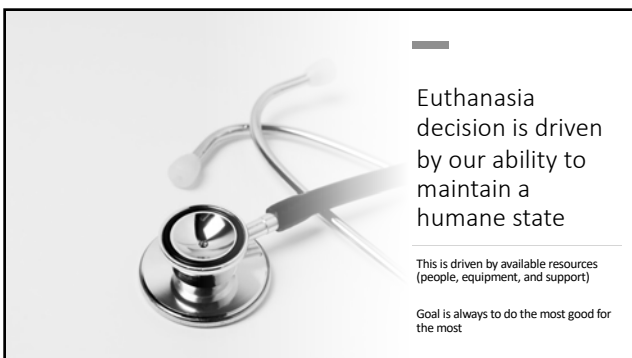
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Texas A&M
VET
Euthanasia
Decisions

The VET SOG has all of the details and decision - making guidelines

We follow AVMA Euthanasia Guidelines at all times

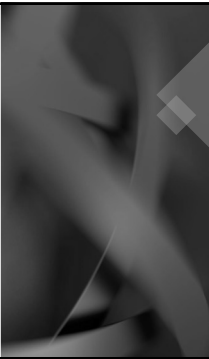
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Difficult Euthanasia Situations


All euthanasia decisions will require the concurrence of two team veterinarians and excellent documentation (including pictures)

If there is any question or lack of concurrence, this question must be presented to the Director for additional consultation/concurrence

Field teams may not have 2 veterinarians present – if at all possible (cell access) the use of telemedicine to get a second opinion is highly desired. If this is not possible, euthanasia can still be considered but the Director/Incident Commander should be included in the decision



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After you de-mobilize: AAR, and mental and physical wellness

After action review - provide this to your strike team leader before you go home or within 1 week of getting home – critical to improving team

Post-deployment wellness is important – the longer your deployment time the more it will affect you

- Recognize that you will need more rest, you may be more irritable (after working in a disaster environment, the normal day-to-day irritants may become more intolerable) – this is a normal response!

All deployments will have an impact on you!

- You cannot predict what or when this will happen – self care is important
- We need to know if you have any physical illness post deployment

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Team psychologist or clergy: Critical team assets

- Team members have used Michael during and long after deployments
- You can never predict when or how the events, sights or sounds of a response will impact you
- Self care is critical to being able to sustain your ability to deploy



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What do we do? We bring hope... And you will too for impacted people in your community!

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Thank you!

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TEXAS A&M UNIVERSITY
Veterinary
Emergency Team



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