



**Convening Leaders for
Emergency and Response (CLEAR)**

The CLEAR Field Guide for Emergency Preparedness



INTRODUCTION

Welcome

How can health care, public health and emergency services collaborate to improve preparedness for the next disaster?

The importance of emergency and disaster preparedness is instilled in people from a young age. Schools, families and communities teach children what to do in the event of a fire or where to seek shelter during a powerful storm. Most teenagers are taught how to change a flat tire or perform CPR. By young adulthood, the general population has been exposed to all sorts of emergency preparedness protocols — for plane crashes, cyberattacks, downed power lines, stroke first aid and more.

Threats to safety and stasis are more than just an inconvenience; they can shift the paradigm of an organization, community or society. These focusing events require coordination, collaboration and forethought. Recent large-scale emergencies and disasters in the U.S., including Hurricane Matthew, the 2017 Las Vegas mass casualty shooting and the COVID-19 pandemic, have required organized cross-sectoral emergency responses, and hospitals and public health have played prominent roles. These and other well-publicized emergency events have captured

national public attention. Yet it is clear that emergency preparedness is uneven across the country. This guide offers consistent, reproducible and objectively measured preparedness across the collective first responder system. It offers actionable strategies for forging cross-sector collaborations, building a sufficient workforce, managing information and normalizing a culture of preparedness.

Being prepared for these disasters can reduce the fear, anxiety, and losses that accompany them. This is why safety planning is a staple for just about every organization's operating procedures.

What are the most critical components of emergency preparedness?

Who makes decisions for others during a crisis?

How can pandemics, hurricanes and mass casualty events inform collaboration across health care, public health and emergency service disaster preparedness?

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INTRODUCTION

The Collaborative

Disaster preparedness and emergency management historically have been collaborative efforts in the United States.

Through the early 20th century, disasters — such as outbreaks of smallpox, measles, diphtheria and pertussis — mostly were handled by local community organizations. However, this began to change when the scope of damage inflicted by disasters and infectious diseases coincided with the increased ability to communicate best practices quickly and effectively.

Focusing events, such as the 1918 influenza pandemic and the 9/11 terrorist attacks, triggered actions within the federal government that culminated in numerous policy initiatives as well as the creation of well-known organizations, such as the

Federal Emergency Management Agency (FEMA, 1979), the U.S. Department of Homeland Security (DHS, 2002), and the Office of the Assistant Secretary for Preparedness and Response (ASPR, 2006), now titled the Administration for Strategic Preparedness and Response (ASPR, 2022). Even with the creation of these government agencies, the importance of nongovernmental affiliates has remained vital in the successful implementation of emergency response programs.

Beginning in early 2022, a consortium of national public health and health care affiliates came together to reflect on

cross-sectoral partnerships that were successful in mitigating the effects of disasters. This collaborative, which wrote the *CLEAR Field Guide for Emergency Preparedness* cooperatively, includes the American Hospital Association (AHA), American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), International Association of Fire Chiefs (IAFC), National Association of County & City Health Officials (NACCHO), Public Health Accreditation Board (PHAB), and the Society for Public Health Education (SOPHE).





INTRODUCTION

Why this matters

Composed of representatives of the nation's system of front-line responders, this unique consortium was presented with a critical opportunity to align on a common set of priorities to improve the safety and well-being of the field and the communities it serves. The information presented in this guide has both pragmatic and aspirational goals. It identifies all-hazards models that intersect with core public health sectors, including but not limited to local and state health departments, police, fire, academia and health care. It also reimagines an all-hands community investment in public health, where key stakeholders lean and rely on each other during times of need and serve as peers and collaborators during day-to-day operations.

This group's unifying priorities have resulted in this comprehensive field guide replete with tangible strategies and models that health care, public health and other first responders can implement — together — to create stronger cross-sector preparedness and response systems for the future.

INTRODUCTION

Threats to public safety are increasing.

SOURCES

Abadi, Marc, James Pasley, and Taylor Ardrey, "The 30 Deadliest Mass Shootings in Modern U.S. History Include Buffalo and Uvalde." Business Insider, 26 May 2022. <https://www.businessinsider.com/deadliest-mass-shootings-in-us-history-2017-10#las-vegas-nevada-in-2017-58-dead-more-than-850-injured-1>.

U.S. Federal Emergency Management Agency (FEMA), "Historic Disasters." 4 January 2022. <https://www.fema.gov/disaster/historic>.

2020 — PRESENT
The COVID-19 Pandemic.



2022

Mass shooting at Robb Elementary School in Uvalde, Texas, leaves 21 dead and 15 injured.

2017

Hurricanes Irma, Maria and Harvey cause long-lasting damage across the southern U.S. along with Puerto Rico and the U.S. Virgin Islands.

2017

Mass shooting at the Las Vegas strip leaves 58 dead and 850+ injured.



2012

Hurricane Sandy ravages the entire East Coast from Maine to Florida.

2016

Mass shooting at the Pulse nightclub in Orlando, Florida, leaves 49 dead and 58 injured.

2005—06

Hurricane Katrina destroys the Gulf Coast and prompts the Post-Katrina Emergency Management Reform Act of 2006.

1999

Mass shooting at Columbine High School in Littleton, Colorado, leaves 13 dead and 24 injured.



1992

Hurricane Andrew devastates Florida and Louisiana. Congress enacts the Stafford Act to streamline federal relief operations.



2001

September 11 terrorist attacks prompt the establishment of the U.S. Department of Homeland Security in 2002.



2007

Mass shooting at Virginia Tech in Blacksburg, Virginia, leaves 32 dead and 23 injured.



INTRODUCTION

How to use the guide

Just like a good preparedness plan, this guide is adaptable to the reader's needs.

Each chapter provides an overview of the priority topic, the audience for that topic, action strategies, resources and field examples and ends with actionable next steps. In addition to a glossary and a list of works cited, the end of this guide contains checklists and FAQs about the overall process of the information provided.

The future of the nation's public health and health care infrastructure should be designed to assess, respond to and manage threats to public health well before they occur. The question remains: How does the collective field of community health advocates get there, together? To do so, public health and health care sectors must focus on these four objectives:

- 1. Strengthen cross-sector partnerships.**
- 2. Build workforce capacity and resilience.**
- 3. Share information and manage misinformation.**
- 4. Normalize a culture of preparedness.**

These objectives scaffold a joint focus on providing relief and ensuring a smooth recovery and rebuilding process toward a more unified health care and public health system for the future. Cross-partnership unity in preparedness and response activities depends on multiple factors, including risk assessment and planning, comprehensive policies and procedures, robust communications plans, testing and training. This partnership bridges gaps across national preparedness more thoroughly than any previous effort.

PRIORITY TOPIC ONE

Strengthen Cross-Sector Partnerships



Overview

As U.S. communities become more complex and modern threats — climate change, viral outbreaks and mass shootings — become more frequent and visible, organizations in the public and private sectors will increasingly rely on collaborative ties to minimize the adverse effects of these crisis events. Evidence of this has never been more apparent than in the emergencies that have unfolded throughout the COVID-19 pandemic. As a public health emergency, it exposed a range of vulnerabilities in our nation’s preparedness and response efforts — and has unearthed a variety of lessons learned. For example, cross-sectoral partnerships can and must be strengthened to support timely, informed decision-making for future “all of nation” responses, including to the current pandemic and future emergencies.

This guide evolved out of a need for cross-sector collaboration. Emergency services, public health and health care are aligned through myriad goals, including creating healthy and safe communities.

It is through this community-driven approach that entities like government agencies, individuals, families, households, businesses, nongovernmental organizations, experts (academic and others) and even neighbors become integral parts of the preparedness and management plan. All of these groups, to a certain extent, have unique roles and responsibilities in disaster prevention, response and recovery.

Therefore, to promote and support these partnerships, it is essential to build an array of high-quality stakeholders with unique expertise, resulting in a mostly horizontal (nonhierarchical) and collaborative emergency management and response model.

Cross-sectoral collaborations can reimagine emergency management systems that better protect national security as well as the delivery of health care and public health services.

These partnerships help accelerate movement toward an evolved emergency management system that promotes access to knowledge silos, bolsters the public health infrastructure, diversifies health care integration and deepens the interaction between federal, state and local governments.

Through this cross-sector collaborative approach, all stakeholders have certain formal and informal responsibilities in disaster preparedness. Emergency management organizations, and often public health and/or health care affiliates, identify these roles and responsibilities (e.g., risk assessment, cybersecurity) and assign them to various partners (e.g., religious organizations, community shelters). Therefore, the resources, awareness and expertise of the partnering organizations are invaluable in ensuring effective emergency preparedness and response efforts.

WHY DOES THIS MATTER TO ME?

No sector works in a silo when responding to an emergency.

This section encourages everyone working in emergency preparedness to look beyond the usual collaborators to include building partnerships with nontraditional, trusted and influential organizations within the community.



ACTION STRATEGY

Establish relationships with local academic institutions to expand capacity and build the future workforce.

Flex Workforces

Norton Children's Hospital in Louisville, Kentucky, used student nurses to cover more than 2,000 shifts, and the organization provided greater flexibility to accommodate individual employee needs during the pandemic. In addition to meeting the hospital's needs, this strategy provided enhanced training for the student nurses. – [AHA, 2022](#)

Experiential Learning

Numerous local health departments across the nation have institutionalized ongoing relationships with local academic partners, leading to partnerships in which the health department functions as an academic health department that provides experiential learning opportunities for students, and the academic institution provides other services in support of the local health department. More information about this structured arrangement can be found at the Council on Linkages Between Academia and Public Health Practice at the [Public Health Foundation](#).

**ACTION
STRATEGY**

Harness “nontraditional” partners (schools/boards, religious organizations, civic groups, etc.), especially those in historically marginalized communities.

Addressing Community Concerns

Cross-sector partnerships drive the success of Connect Chicago, an initiative created in 2021 to address COVID-19 testing needs in historically marginalized communities with high positivity rates. Rush University Medical Center, in collaboration with local public health, primary care clinics, schools and local

community groups, worked to not only expand access to testing and vaccinations to historically marginalized neighborhoods in Chicago, but also directly engaged with these communities to better understand and address individuals’ concerns related to testing and vaccination. Check out the [case study](#) to learn more. — AHA, 2022

**ACTION
STRATEGY**

Leverage major companies or anchor institutions, such as large employers within the community, corporate companies and major academic institutions to support collaborative efforts to prepare, respond to and recover from emergencies.

“Anchor institutions ... can perform an important role in promoting the health and economic well-being of their communities and serve as strong allies between the business and public health sectors, given their mutually shared interests.”

[The de Beaumont Foundation, 2021](#)

Co-hosting Community Events

Allegheny Health Network in Western Pennsylvania leveraged its relationships with anchor institutions to host vaccination events for the public with a specific focus on older, at-risk populations. PNC Park, home of the Pittsburgh Pirates baseball team, along with Dick’s Sporting Goods corporate headquarters, hosted large-scale events while trusted local institutions, including fire departments, churches, schools and retirement communities hosted smaller-scale ones. Check out the full [case study](#). — AHA, 2022

Partnering with Local Businesses

During the COVID-19 pandemic, the public health commissioner of Geauga County, Ohio, worked closely with a local cabinet manufacturer. This company served as a great ally to the county health board when speaking to elected officials about altering the physical environments of buildings to make them more COVID-19 conscious. The former public health commissioner reflected that having a partnership with a private sector company that employed a large portion of the county’s population was “huge” for communicating accurate and important information about COVID-19 with elected officials and the population.

**ACTION
STRATEGY**

Actively engage key stakeholders in local Hospital Preparedness Program (HPP)-funded health care coalitions. This includes fire, emergency medical services (EMS), law enforcement and school districts, as well as the full spectrum of health care providers.

Training across the Health Care Spectrum

The Chicago Department of Public Health has actively recruited and engaged its local dialysis networks and long-term care facilities to join the city's HPP-funded health care coalition since well before COVID-19. Through their participation in the coalition, dialysis centers and long-term care facilities have the opportunity to strengthen their own emergency management programs through training and exercises while also aligning their emergency plans with those of the city to support response coordination.

**ACTION
STRATEGY**

Establish relationships with federal and state representatives within the jurisdiction or region such as state police, HHS, DHS, the National Guard and military bases.

**ACTION
STRATEGY**

Engage and train key community leaders (i.e., elected officials, public health commissioners, C-suite health care executives, EMS/fire chiefs) to ensure that they understand jurisdictional response structures and plans.

Convening CEOs

During the COVID-19 pandemic, the Western Kentucky Area Readiness in Emergencies (WeKARE) Health Care Coalition leveraged its existing relationships to convene CEOs from nine hospitals on a weekly basis to support a coordinated regional response. [Learn more](#) about how WeKARE supported a cross-sector response to COVID-19. — ASPR, 2020

RESOURCE

The ASPR Health Care Readiness Program spans all 50 states, U.S. territories and major metropolitan areas and supports local jurisdictions, who in turn support over 321 health care coalitions devoted to preparedness and response. Find your local HPP-funded health care coalition via ASPR's Health Care Readiness Program [web page](#).

“

Regional health care preparedness coalitions consistently lack broad participation from sectors such as long-term care, mental health, and EMS. [Some] community networks that have formed outside the preparedness field lack awareness about health security needs in their communities and lack knowledge about strategies for building health security through community collaboration. [The field] should work strategically to broaden participation in coalitions and networks and to link disparate networks together so as to focus their attention on improving health security capabilities.”

NHSPI, 2021





“When something insurmountable threatens your facility, whether it be a tornado, fire, or ridiculously long pandemic, you will want to know who you can call on for help and what resources they offer.”

Billie Newbury, Regional Preparedness Coordinator, West Kentucky Healthcare Coalition, quoted in [Becker's Hospital Review, 2022](#)

“Our community organizations are trusted resources and valuable partners in helping to communicate, influence and inspire others to act.”

Dawn French, Senior Vice President, White Plains Hospital, New York, quoted in [AHA, 2022](#)

RESOURCE

HPP-funded health care coalitions have proved to be valuable in responding to COVID-19 by serving as vital hubs for information sharing across sectors, coordinating the acquisition and distribution of needed supplies and supporting coordinated response and unified command across sectors. Learn more about the value of these coalitions in ASPR's Healthcare Coalition Engagement in COVID-19 Assessment Report.— [ASPR, 2021](#)

WHAT SHOULD I DO?

Identify one potential collaborator: Reach out to a key stakeholder or community leader outside of your organization. Invite them to meet to brainstorm ideas for future collaborations. A 15-minute chat over coffee can grow a partnership that saves lives.

WHAT SHOULD WE DO?

0-6 MONTHS

1. Identify your local HPP-funded health care coalition and initiate an introduction for your organization.
2. Assess your organization's existing relationship with key community partners. Identify gaps in your landscape of collaborators.
3. Draft a model for ideal circumstances, including clearly defined visions and rationale for partnering across stakeholders.
4. Set up a series of information-gathering meetings/interviews to gauge potential partners' interest in strengthening local emergency preparedness and response capabilities.

6-12 MONTHS

1. Set up regular meetings and curate agenda items for group discussion.
2. Write out the mission, goal and standard operating procedure (SOP) for the collaborative.
3. Designate proxy representatives to ensure engagement across all stakeholders in the collaborative.

12+ MONTHS

1. Administer test runs and drills.
2. Sustain regular meeting schedules.

PRIORITY TOPIC TWO

Build Workforce Capacity and Resilience



PRIORITY TOPIC TWO

Overview

The workforce is our most precious resource. Without a sufficient workforce, the field is not able to respond to the needs of its communities in either emergencies or non-emergencies.

Even prior to COVID-19, the public health workforce had been underinvested; public health jobs were being eliminated while health care job openings were at record highs. The pandemic magnified these discrepancies, existing gaps were compounded and new challenges arose within the workforce – including an exodus of public health and health care professionals – through early retirement, resignation and general deterrence of the next generation to pursue careers in public health and health care.

The current workforce is experiencing trauma, burnout, stress and increased behavioral health challenges.

The current moment therefore represents a pivotal and urgent opportunity to support the existing workforce while growing it for the future.

WHY DOES THIS MATTER TO ME?

As the COVID-19 pandemic's impact on the collective first responder system continues to strain the workforce, health care and public health workers' well-being continues to suffer. There are immense concerns about the ongoing mental health and resilience of these workers, as well as the sustainability of their efforts to respond when teams are worn out. The ongoing pandemic, combined with broader workforce shortages and the impact of team changes, have tested the resilience and unity of the front line.

A chief medical officer recently noted that her hospital went from using its Rapid Response Team an average of 30 times a

month pre-pandemic to an average of 300 times a month most recently. This all-hands-on-deck environment leaves little to no room for instruction, coaching, problem-solving or self-care, further taxing teams.

The consortium recommends exploring strategies, tools and technologies that build capacity and foster resilience amongst the health care and public health workforce. Readers from every sector should explore layered support that could help stabilize teams without adding additional learning burdens.



ACTION STRATEGIES TO BUILD WORKFORCE CAPACITY

ACTION STRATEGY

Invest in collaborative efforts to assess and expand telehealth capabilities.

Building on Lessons Learned

States are building on lessons learned from COVID-19 to assess and expand access to digital health, especially in historically marginalized areas. Learn how state public health agencies across the U.S. are addressing telehealth to build community resilience based on lessons learned from the pandemic. – [ASTHO, 2021](#)

ACTION STRATEGY

Build and engage local Medical Reserve Corp (MRC) programs.

Partnering with Universities

There are many examples of MRC, including a handful of universities across the U.S. that house local MRC programs, with a volunteer base comprising students, faculty, staff and alumni. Housing an MRC program through a university enables students to gain valuable hands-on experience while also expanding the community's capacity to respond to an emergency. [Check out](#) how universities supported their communities' responses to COVID-19 through their MRC programs. – NACCHO, 2022

Equipping the Larger Community

MRC programs can also be used to build capacity among the general public through education and training. [A local MRC program in Vermont](#) provided active shooter training for individuals, schools and local organizations within their communities. [A handful of local MRC programs](#) across the U.S. are providing similar education and training within their communities to foster resilience. – NACCHO, 2022

ACTION STRATEGY

Create standing memorandums of understanding with fiduciaries such as manufacturers and staffing agencies to expedite the acquisition of resources.

ACTION STRATEGY

Develop flexible staffing strategies such as scenario-based crisis flex teams consisting of staff likely to be reassigned based on incident type.

Creating Flexible Staffing Models

Advocate Aurora Health (System) developed a [system labor pool](#) to support 5,000+ clinical team role reassignments in direct response to staffing needs during the pandemic. Virtual tools were developed to assess and identify staff with appropriate skills and experience, and just-in-time learning modules were deployed to support staff in their reassigned roles. – AHA, 2021

ACTION STRATEGIES TO BUILD WORKFORCE RESILIENCE

ACTION STRATEGY

Utilize tools to formally and/or informally assess staff well-being before and after a disaster.

Building Emotional Awareness Among Staff

To better detect when staff members needed help, Norton Children's Hospital in Louisville, Kentucky, trained and educated two units on how to identify burnout and what to do to intervene. Staff were given compassion pins that could be turned to blue or white. If the pin was flipped to blue, it indicated that the person felt fine; white indicated that the person was having difficulty. This helped staff recognize how others were feeling and when to offer support or encouragement. — [AHA, 2022](#)

ACTION STRATEGY

Integrate training intended to foster resilience as part of workforce development strategies and plans. Training may include stress first aid, crisis leadership and general morale-building.

Prioritizing Well-Being

Northwell Health in New York state developed a Stress First Aid (SFA) program, in which staff were trained to lead their colleagues through recognizing their own stress levels and those of their colleagues and knowing what resources are available for emotional support. SFA also provides the necessary tools and skills to shift the workplace culture to prioritize well-being. As more staff were onboarded, Northwell gained champions for the program to endorse their efforts so they could disseminate the work to incorporate

more of the health system. Check out the [case study](#) to learn more. — AHA, 2022

Initiating a Peer Support Program

Trust and support among colleagues within an organization is a key component of professional well-being. A [peer support program](#) can aid in creating a culture of well-being in your workforce by establishing a structure to provide and receive formal peer support following adverse events.

— American Medical Association, 2020

RESOURCES

[Building Workforce Resilience through the Practice of Psychological First Aid \(PFA\): An online course designed specifically for public health and health care professionals.](#) The course educates first responders on PFA, an evidence-informed approach intended to reduce stress symptoms and assist in healthy recovery of individuals following traumatic incidents. — NACCHO, September 2022

The [AHA Clinician Well-Being Playbook](#): A resource to aid health care organizations in addressing the systemic drivers of burnout and implementing organizational changes to promote well-being and resilience.

The [AHA Strengthening the Health Care Workforce: Strategies for Now, Near and Far](#): A guide to help hospitals navigate the current workforce challenges.

“Over the past few decades, like many other underfunded and underinvested sectors, public health departments have experienced a steady decline in their capabilities because there are fewer workers, outdated surveillance and reporting systems, and an accelerated exit of highly qualified professionals.”

[The de Beaumont Foundation, 2021](#)

“The lack of a coordinated federal, state and local staffing response system supported by a robust public health infrastructure to rapidly address health care staffing needs during the pandemic led to an uneven and inadequate supply of clinical expertise where and when needed.”

[Hospital Association of New York State \(HANYS\), “Pandemic Preparedness: COVID-19 Lessons Learned in New York’s Hospitals,” 2022](#)





WORKFORCE

SHORTAGES

1 IN 3

public health employees indicated an intent to leave their organization within the next year. — [The de Beaumont Foundation, 2022](#)

23%

of hospitals reported to the government that they were experiencing critical staffing shortages. — [AHA, 2022](#)

WORKFORCE

RESILIENCE

56%

of public health workers reported symptoms of post-traumatic stress disorder (PTSD). — [The de Beaumont Foundation, 2022](#)

93%

of health care workers during the pandemic reported experiencing stress, 86% reported experiencing anxiety, 77% reported frustration, 76% reported exhaustion and burnout and 75% said they were overwhelmed. — [Mental Health America, 2021](#)

WHAT SHOULD I DO?

- 1. Identify a pressure point.** Consider the factors that lead to burnout for you and/or your colleagues, and make note of one specific, changeable source of stress. (Resilience example: Need to be able to eat/snack more frequently.) Even simply making a mental note of an issue can help you find ways to improve it.
- 2. Create a feasible strategy.** Come up with a small, manageable change that could be implemented to alleviate a workforce stressor. This may be related to the identified pressure point or it may be something else. (Example: Have stocked snack baskets available at every nurses' station.)
- 3. Discuss your ideas with a decision-maker.** You don't have to make a full proposal or a "big ask" – simply start a conversation. Who could address this pressure point or help implement your strategy? (Example: Talk to a supervisor.)

WHAT SHOULD WE DO?

0-6 MONTHS

- Capacity Focus:* Conduct an assessment to identify existing staffing gaps.
- Identify local collaborators and set up bimonthly meetings.
 - Resilience Focus:* Behavioral health providers
 - Capacity Focus:* Staffing agencies, local nursing schools
 - Local Medical Reserve Corp (MRC) groups
- Resilience Focus:* Agree on employee well-being assessment tool and conduct pre-test.
- Publicly state workforce goals.

6-12 MONTHS

- Hold ongoing monthly meetings with collaborators.
- Develop plan outlining composition of crisis-based flex team, just-in-time training of the team, and criteria for its implementation.
- Schedule training to inform and educate staff on crisis-based flex team plan.
- Resilience Focus:* Develop plan for establishing intervention(s) to support staff well-being.

12+ MONTHS

- Grow the number of key stakeholders.
- Implement intervention(s) to support staff well-being.
- Resilience Focus:* Administer post-training test on employee well-being.
- Capacity Focus:* Exercise activation of crisis-based flex team.

PRIORITY TOPIC THREE

Share Information and Manage Misinformation



PRIORITY TOPIC THREE

Overview

During emergencies, it's important to know where to go for accurate, up-to-date and helpful information. Moreover, the ability to execute informed decision-making in response to emergencies is dependent on timely, accurate, coordinated communications.

Information-sharing is foundational to emergency response and impacts outcomes.

The spread of misinformation on social media and through other channels can affect operational confidence. This often arises when there are information gaps or unsettled science, as human nature seeks to understand and fill in the gaps. It is important to note the difference between the two: "Misinformation is false information shared by people who do not intend to mislead others. Disinformation is false information deliberately created and disseminated with malicious intent."
– CDC, 2021

WHY DOES THIS MATTER TO ME?

Accuracy needs to be taken seriously and emergency preparedness strategies must account for the dangerous side effects of misinformation. The field need look no further than COVID-19 to see the disastrous fallout from being ill-prepared to combat misinformation. Moreover, sound communication habits should be routinely evaluated and made stronger. Who is sending the message? What is the purpose behind the message? Where is the message landing? What was the channel of communication and why was it chosen?



ACTION STRATEGY

Establish multidisciplinary, cross-sector communication pathways that are used routinely during non-emergency operations to be scaled up during emergencies.

Leveraging Existing Coalitions

The Healthy St. Landry Alliance, in Louisiana, was established in 2018 as a consortium of 25-plus partners including health care, government, religious institutions and community groups. The Alliance was originally created to address issues impacting health beyond the walls of the area's main health care provider, Opelousas General Health System (OGHS). When COVID-19 hit, OGHS used the existing structure of the Alliance to rapidly enact a communications and response system to meet the needs of its community. The Alliance initiated daily calls among partners and served as a go-to liaison group for the community. Through its communications pipeline, trusted community partners such as

local faith-based organizations were able to help pinpoint residents' needs, which OGHS and other Alliance partners were able to address. Learn more from the full [case study](#). – AHA, 2020

Bridging Gaps in Communication

The New Hampshire Hospital Association served as a critical bridge between hospitals and public health during the pandemic. In its role, the association pushed out information to hospitals on a daily basis, including reports on COVID-19 metrics, time-sensitive clinical updates, public health guidance and requirements. In addition, the association collated questions from the hospitals, synthesized them and relayed them back to public health.

**ACTION
STRATEGY**

Work with your organization’s communications team to inform the media and coordinate external communications. Through your communications colleagues, work to develop relationships with local media; inform them of key Incident Command Structure (ICS) components used to coordinate and streamline communication during responses, such as Public Information Officers (PIOs) and Joint Information Centers (JICs).

1. Avoid employees directly going to the media. They likely are not trained in media relations, and this is where misinformation and mistakes can take place. Informed and well-intentioned people can be misquoted, misunderstood or misused by the media. Let the media relations professionals do it.

2. Create and regularly review an organizational crisis communications strategy and plan that includes very specific protocols for myriad situations.

3. “Reporters want and need your expertise, and public health departments know how to tell their stories in the most effective ways possible. One of the most critical roles public health departments can play is helping reporters make sense of the data during the pandemic. Reporters are your allies in validating stories, documenting changes in policy, illustrating how an issue affects a community, explaining complex issues, evaluating policies (such as the ever-changing mask policies), and perhaps most important, combatting misinformation and telling the truth.” –[*NACCHO Social Media Toolkit, 2021*](#)

**ACTION
STRATEGY**

Identify standardized, essential elements of information to be collected at the jurisdictional and state levels based on the emergency; integrate them into jurisdictional and statewide plans. Communicate the value of these measurements and report out after any incident.

**ACTION
STRATEGY**

Follow CDC recommendations to use subject matter experts such as chief public health officers as the primary resource for communication and guidance to the public and providers, rather than using political leaders, which can politicize the message and dilute its acceptance and impact. Identify these experts in advance and integrate their roles into jurisdictional response and recovery plans.

**ACTION
STRATEGY**

Identify and train on key information-sharing systems used across a jurisdiction, such as platforms that support coordinated response operations, unified command, monitoring surge capacity, etc.

Training on Key Information Systems

The Chicago Department of Public Health consistently trains local hospitals, long-term care facilities, dialysis centers and EMS providers on key reporting platforms used to support resource allocation, patient load balancing and unified command during planned and unplanned incidents. These platforms are used consistently so that responders are familiar with them when they are used during real emergency scenarios.

**ACTION
STRATEGY**

Collaborate with trusted entities to relay information to the public in culturally appropriate ways.

Collaborating with Trusted Community Leaders

During the COVID-19 pandemic, the public health commissioner and the local hospital CEO for Geauga County, Ohio, worked closely with the senior bishop of their local Amish community. The in-person relationship served to build trust with this population and ensure consistent guidance and communication was being shared across a community lacking digital access to information. Establishing relationships with nontraditional partners, especially trusted messengers within their communities, is invaluable even outside the context of an emergency.



“How can we communicate more effectively, in ways that lead to action? We begin by establishing trust and credibility. In order to receive and act on information effectively, especially during unanticipated and extraordinary events, people need to feel like the source of their information is credible and trustworthy.”

[NACCHO Social Media Toolkit, 2021](#)



“

During times of increased stress and uncertainty, organizations without well-developed communication structures and practices will struggle to provide effective communication, resulting in unintended outcomes.”

HANYS, 2022

WHAT SHOULD I DO?

Build on prior success. Identify an example — even a small or minor example — of successful emergency communications that came from your organization. (Example: a clear, effective social media post.) Why was it successful? Who created the messaging, and what channels did they use to share it? Use this positive example as a starting point for refining existing communications plans. If possible, contact those responsible for the effective messaging and gather their insights — this is especially important if they are not primary Public Information Officers (PIOs).

WHAT SHOULD WE DO?

0-6 MONTHS

1. Identify your jurisdiction's existing information sources.
2. Set up a social and traditional media monitoring system.
3. Analyze and develop insights from trending information outlets/sources.
4. Analyze insights and success of messaging used during previous responses.
5. Review and identify gaps in existing emergency communications plan and/or standard operating procedures (SOPs).

6-12 MONTHS

1. Update existing and/or develop new emergency communications SOPs.
2. Inform staff and key external partners of updated emergency communications plan and SOPs, as appropriate.

12+ MONTHS

1. Apply emergency communications plan and SOPs in organizational and jurisdictional drills, exercises and real incidents. Review and modify based on lessons learned.
2. Proactively share success stories.

PRIORITY TOPIC FOUR

Normalize a Culture of Preparedness



Overview

Foundational elements of preparedness and response can be used routinely to support normal operations.

Routine use also can increase staff familiarity and ability to execute operationally during emergencies.

It is important to understand that preparedness looks different across the range of cultural contexts. Recognition and action to support local diversity requires ground-up engagement that can identify local successes. The words and actions we use to describe the work help set the tone for a culture of preparedness in which readiness concepts and strategies are a part of the field's daily habits.

Emergency preparedness strategies need to be incorporated as part of a larger collective culture of readiness. One way to facilitate this shift in narrative is to highlight and index the benefits of planning, which consistently and ultimately saves lives and money while reducing myriad anxieties surrounding the ever-present threat of disasters. A commitment to preparedness can serve as a public declaration of an organization's values and culture.

WHY DOES THIS MATTER TO ME?

The more prepared you are as an organization, the better equipped you will be to support your community when responding to an emergency. Research shows that lack of understanding of organizational and community preparedness may culminate in undue stress and exhaustion, during times of emergencies but also in anticipation of future emergencies. The ability to prepare, respond and recover from an emergency starts within your organization. Normalizing a culture of preparedness and utilizing key response concepts outside of an emergency provides an opportunity to educate and empower staff while bringing value to the goal at hand.



ACTION STRATEGY

Utilize Incident Command Structure (ICS) outside of standard emergency scenarios to train staff and make it habitual.

Managing the Accreditation Process

The majority of the U.S. population is served by health departments that have been accredited by the Public Health Accreditation Board. Because the accreditation process is so rigorous, several health departments have shared that they utilized a scaled version of the Incident Command Structure (ICS) to manage the accreditation process. This has the added benefit of providing an opportunity for staff to implement ICS in an impactful manner but in a non-crisis situation.

ACTION STRATEGY

Conduct After Action Reviews (AARs) and create Improvement Action Plans (IAPs) on a routine basis, not just post-emergency. For example, consider conducting an AAR following a visit from an accrediting body or after a large community event. Develop an IAP to address areas for improvement.

**ACTION
STRATEGY**

Train and drill critical operational processes (such as expedited contract execution) routinely, not just when a larger exercise is completed or a real incident occurs.

RESOURCE

FEMA's [Building Cultures of Preparedness Report](#): The 2019 report lays out four Guiding Principles for building Cultures of Preparedness followed by practical strategies and examples as well as successful outcomes in real-world settings. — FEMA, 2019



“To be prepared we must all understand our local and community risks, reflect the diversity of those we serve and foster partnerships that allow us to connect with a diverse nation.”

FEMA, 2019

WHAT SHOULD I DO?

Assess your own preparedness. As a first responder, in order to take care of others, you must take care of yourself. Ensuring that you and your loved ones have a plan in place for an emergency can reduce stress and enable you to better focus on responding to the needs of your community. Simple steps such as packing a “go bag,” gathering key personal information (contact information for healthcare providers) and outlining a plan for communication with loved ones are all actions that you can take to be better prepared for an emergency. [Ready.gov](https://www.ready.gov) has a collection of resources to help ensure you and your loved ones are well prepared.

Review your organization’s emergency operations plan. An emergency operations plan (EOP) is a written plan that provides the structure and processes that an organization utilizes to respond to and initially recover from an emergency event. An EOP often serves as the foundation on which other incident-specific response plans are based. Reviewing your organization’s EOP may enable you to better understand your organization’s overarching approach and capabilities to respond to an emergency. Reviewing the EOP may also enable you to gain insight into your organization’s current culture of preparedness and where there may be opportunities for improvement.

WHAT SHOULD WE DO?

0-6 MONTHS

1. Assess your organization’s current culture of preparedness.
2. List goals and objectives for normalizing preparedness terms and strategies.
3. Build trust through relationship building, both inside and outside of your organization.

6-12 MONTHS

1. Engage with diverse groups of internal and external stakeholders to better understand vulnerabilities and needs within the community.
2. Review organizational response plans to identify and address gaps in planning.
3. Ensure existing plans acknowledge and address cross-cultural communication needs, including disability and linguistic considerations for training and SOPs.

12+ MONTHS

1. Identify and inventory existing preparedness capacities.
2. Support and collaborate with other local practices.
3. Observe and analyze ongoing responses to emergencies through a cultural lens of preparedness, resilience planning and implementation.

Conclusion

The capacity to offer care during emergency and disaster events is crucial as public health and health systems are on the front line of natural and human-made emergencies.

In the face of these adverse moments, public health and health systems may face suspension or closure of key operations, supply chain disruptions or even reduced clinical demand and reimbursement rates, which often prove crucial in keeping doors open in many rural and historically marginalized areas. While improvements have been made, more still lies ahead to minimize the impacts of future emergency events. Further changes to the field must continue to be gleaned from the extensive data, stories, successes, failures and other lessons learned over the course of the COVID-19 pandemic and other events of the early 2020s.

The CLEAR Collaborative – representing approximately 60 chief public health officials, 3,000 local health departments, 5,000 hospitals and health systems, 12,000 fire/EMS and emergency management leaders, over 38,000 public health professionals and nearly 50,000 health care professionals – bridges gaps across national preparedness strategies unlike any previous iteration.

Because of this broad representation, the collaborative offers a unique perspective on assessing, responding to and managing threats to public health and health care sectors. Preparedness efforts should focus on the four objectives presented throughout this guide:

- 1. Strengthen cross-sector partnerships.**
- 2. Build workforce capacity and resiliency.**
- 3. Share information and manage misinformation.**
- 4. Normalize a culture of preparedness.**

THE CLEAR COLLABORATIVE

In partnership together, the CLEAR Collaborative is committed to accelerating a movement toward an evolved emergency management system that removes barriers to knowledge silos, bolsters the public health infrastructure, diversifies health care integration and more deeply considers the interactions between federal, state and local governments. The *CLEAR Field Guide for Emergency Preparedness* is the first output of what is intended to be a long-term, sustainable and impactful partnership to support the field moving forward.



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This guide is the result of a series of conversations between subject matter experts, nonprofit membership organizations and scores of health care and public health representatives about the heroic efforts of front-line responders, health care and public health workers, and community members in addressing the complex and multifaceted disasters of

the prior two years. These conversations and collaborations were invaluable in the creation of this field guide, and the work of the core collaboration team is greatly appreciated.

What emerged from those conversations was a particular appreciation for the fact that cross-sector and cross-organizational collaborations could improve outcomes during times of crisis — especially when those collaborations were initiated and solidified before the crises began.

In the spring of 2022, the CLEAR Collaborative was formed and then began researching

successful case studies, conducting interviews, surveying members and reviewing media to discover a wealth of examples of excellence from all over the country.

In examining those successes, clear themes emerged about what made for an effective collaboration and how more of those partnerships could be formed, both in and out of times of crisis. The consortium then crystallized those lessons into a set of best practices and created this field guide as a first step in creating partnerships that can make all of us better — together.



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Glossary

- A**
- AAR – After action reviews
 - AHA – American Hospital Association
 - AMA – American Medical Association
 - APHA – American Public Health Association
 - ASPR – Administration for Strategic Preparedness and Response
 - ASTHO – Association of State and Territorial Health Officials
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- C**
- CDPH – Chicago Department of Public Health
 - CEO – Chief Executive Officer
 - CLEAR – Convening Leaders for Emergency and Response
 - COOP – Continuity of operations plan
 - COVID-19 – Coronavirus disease 2019
 - CPR – Cardiopulmonary resuscitation
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- D**
- DHS – U.S. Department of Homeland Security
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- E**
- EMA – Emergency Management Agency
 - EMS – Emergency medical services
 - EOP – Emergency operations plan
-
- F**
- FAQ – Frequently asked questions
 - FEMA – Federal Emergency Management Agency
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- H**
- HANYS – Healthcare Association of New York State
 - HHS – U.S. Department of Health & Human Services
 - HPP – Hospital Preparedness Program
 - HRET – Health Research & Educational Trust
-
- I**
- IAP – Improvement action plans
 - IAFC – International Association of Fire Chiefs
 - ICS – Incident Command Structure

- J**
- JIC – Joint Information Center
-
- L**
- LTC – Long-term care
-
- M**
- MOU – Memorandum of understanding
 - MRC – Medical Reserve Corps
-
- N**
- NACCHO – National Association of County and City Health Officials
 - NGO – Non-governmental organizations
 - NHSPI – National Health Security Preparedness Index
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- O**
- OGHS – Opelousas General Health System
-
- P**
- PFA – Psychological first aid
 - PHAB – Public Health Accreditation Board
 - PHEP – Public Health Emergency Preparedness
 - PH WINS – Public Health Workforce Interests and Needs Survey
-
- S**
- SDOH – Social determinants of health
 - SFA – Stress first aid
 - SME – Subject matter expert
 - SOP – Standard operating procedure
 - SOPHE – Society for Public Health Education
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- W**
- WeKARE – Western Kentucky Area Readiness in Emergencies