



Frank Freihaut, RRT, AE-C (left), and Brad Matthiessen, RRT, practice caring for a patient inside an ISO-POD — a completely enclosed patient transport system aimed at moving highly infectious patients into the Nebraska Biocontainment Unit without contaminating the surroundings.

Preparing for the Worst

by Debbie Bunch

Respiratory therapists all over the country are stepping up and getting involved in disaster response activities

The world may or may not see an avian influenza pandemic or other major medical emergency anytime soon. But regardless of the risk, the attention placed on the possibility of such a public health crisis has done much to raise awareness of the need to plan for a worst-case scenario. Increasingly, respiratory therapists are volunteering their time and talents to the planning process.

You wouldn't necessarily think of Nebraska as the place where a deadly outbreak of the avian flu or another infectious disease might be contained. But zoom into the heart of Omaha, right in the middle of The Nebraska Medical Center,

down a tightly secured hallway, and there it is: the largest biocontainment unit in the country and the only one open to the general public. Inside this state-of-the-art facility is just possibly where the first cases involving a highly infectious agent — natural or manmade — might end up. And if and/or when they do, respiratory therapists will be on the front lines of their care.

"Our respiratory department was asked to participate in planning for this specialized unit," says Frank Freihaut, RRT, AE-C, adult critical care team leader for respiratory care services at the hospital. "We currently have nine respiratory therapists who have volunteered for duty in the unit." Should the unit open — something that, thankfully, has yet to be necessary — those nine therapists will don high-tech personal protection equipment and join nurses and physicians in delivering care in an environment that can only be described as something out of a worst-case scenario novel. (For more on this

Photo by L.C. Larson, courtesy of The Nebraska Medical Center in Omaha, NE.

futuristic unit, see “On the Cover” in this issue.) But these RTs represent just the most visible face of the profession’s involvement in disaster response. All over the country therapists are stepping up and volunteering to serve their hospitals and communities in emergency preparedness efforts.

Focusing the planners on respiratory therapy

Joe Nedley, RRT, director of respiratory therapy at Saint Joseph’s Hospital of Atlanta in Atlanta, GA, has been serving as coordinator for emergency preparedness at his hospital for more than five years, a position that’s gotten him involved in disaster response in the greater Atlanta area as well. He’s currently vice-chair of the Atlanta Metropol-

itan Medical Response System and one of five hospital liaison officers (HLO) at the Atlanta-Fulton County Emergency Management Agency. “I co-sponsored the HLO concept at the agency, and I also attend all emergency preparedness activities of the Georgia Hospital Association and National Disaster Medical System,” says the therapist.

The HLO position, Nedley explains, was designed to provide area hospitals with a frontline liaison to outside emergency preparedness entities in the case of a disaster or other situation requiring a quick response. HLOs, he says, may be activated at any time and function alongside public health department personnel and local emergency medical services

to coordinate emergency activities from the Emergency Operations Center to area hospitals. Regular drills are held to ensure everyone will know what to do in case a real situation arises.

Nedley says these activities have given him a chance to address important respiratory-related issues likely to arise in the event of an influenza pandemic or other situation with a large respiratory component to care. “As a respiratory therapist and emergency planner, I have focused other planners on the ventilator issues both within the community and within the Strategic National Stockpile (SNS).”

Three years ago, for example — before avian flu was even on the radar screens of most health offi-



Inside the command center at a recent tabletop pandemic influenza exercise in Georgia, where Joe Nedley, RRT, serves as vice-chair of the Atlanta Metropolitan Medical Response System and a hospital liaison officer for the Atlanta-Fulton County Emergency Management Agency.

cials — Nedley contacted the Centers for Disease Control and Prevention (CDC) in Atlanta to determine the numbers and types of ventilators in the SNS. “The AARC was also brought into the discussion so that our members would know the mechanics of these units,” he notes. Since then, the Association has been working closely with the CDC, Department of Health and Human Services (HHS), and other government agencies to ensure an appropriate response to any situation involving respiratory needs.

A key issue, continues the therapist — and one that has been addressed by the AARC in its dealings with these government agencies — is not only how many ventilators will be available, but who will be there to manage them. At a recent conference he attended, for example, Nedley says much of the discussion centered on the need to increase by a factor of 20 the number of ventilators in Georgia’s existing stock. “But no one knew that such an increase would fall on a very few clinicians, mostly respiratory therapists, who could not manage, under any scenario, that number of patients.” He pointed out this fact to the group and also emphasized how difficult it would be to quickly train other health care professionals to take up the slack, noting “the knowledge base of our talented therapists... cannot be easily shared with others.” (For more on how the AARC is working on this problem, see sidebar “AARC Helps RTs Prepare for Serving in Mass Casualty Events.”)

A unique and challenging role

Nedley’s position at Saint Joseph’s is very similar to one held by Scott Janssens, MBA, RRT, director of materials management and safety at

Heywood Hospital in Gardner, MA. As head of the hospital’s emergency preparedness committee, he says, “My role is to prepare the hospital for any emergency and serve as the hospital’s representative to local, state, and national emergency preparedness groups.” Like his colleague in Georgia, Janssens’ hospital position has gotten him involved in disaster planning in the larger community, where he currently sits on the Massachusetts Region II Hospital and Clinical Committee. He’s served on a committee aimed at developing requirements for personal protection equipment for health care workers as well, and was a member of the state’s SARS Planning Committee. Most recently, he served as a panelist for the Region II Governor’s Pandemic Summit.

Janssens says an influenza pandemic will be especially challenging due to the large number of people expected to be stricken with ARDS; and the shortage of ventilators to care for these patients has been high on his list of concerns, just as it has been for RTs all across the country since the avian flu gained widespread media attention last year. “My state is trying to purchase 2,000 portable ventilators,” says the therapist. “I would imagine other states as well are facing the same challenges, and they need us [RTs] to be involved in the selection process.”

In Missouri, Paul Luehrs, BSRT, BSEd, RRT, adult critical care supervisor at CoxHealth in Springfield, is lending his expertise to his community via membership on a community-wide Pandemic Influenza Community Planning Group. “Our hospital contacted the various departments for appointees to the committee. I volunteered to represent my department, hospital, and ultimately, the respiratory needs of the patient,” says the therapist.

Training Courses Available

Dealing with any emergency or disaster-related situation requires additional training. You can find a complete list of courses available for health care professionals on the Federal Emergency Management Agency web site: www.fema.gov/compendium/index.jsp. For more information on the American Medical Association’s Basic and Advanced Disaster Life Support courses, visit the National Disaster Life Support Foundation web site at: www.ndlsf.org/index.asp.

The Centers for Disease Control and Prevention also provides links to training programs (www.bt.cdc.gov/training/), as does the Department of Homeland Security (www.dhs.gov/dhspublic/interapp/editorial/editorial_0454.xml). The Homeland Security list includes a link to the Noble Training Center, which offers hospital-based medical training in disaster preparedness and response, including the B461 Hospital Emergency Response Training (HERT) for Mass Casualty Incidents (MCI) Train-the-Trainer Course. 



The group, which is made up of local politicians, health officials, health practitioners, university faculty, and support services staff, is developing plans that will be put into place if and/or when the avian flu or any other pandemic hits the area. Luehrs says he's using the opportunity to educate the group on the part respiratory therapists will play in such an eventuality. "RTs have a unique role in the planning phase and a challenging role in the response phase," says the RRT, emphasizing that protocols can and should be set up to ensure timely and appropriate care in any situation where physician services will be under great stress.

Nag your way in, if you have to

Nedley, Luehrs, and Janssens are great examples of RTs who have gotten involved in disaster planning either because it was a part of their job description or because they responded to a specific

request for assistance from their hospital. Other RTs have had a harder time breaking into the planning process but believe gaining a seat at the table is well worth the effort.

In Muncie, IN, Michael Owens, MHA, RRT, went on the offensive to provide input to both a hospital

manages the RT department at Ball Memorial Hospital. "When I heard that our countywide plan was to lay in extra supplies of Tamiflu, albuterol, and ipratropium, I became very concerned and started making phone calls. I also wrote my state senator about my concerns."

As he's become more involved in

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– Richard Mitchell, RRT-NPS

committee set up to address an influenza pandemic and a county-wide planning committee. "I 'volunteered,' which is to say that I contacted some people and nagged my way in," says the therapist, who

the planning process in his area, he's certain he made the right decision. "Most of the people I've talked to have no idea that mechanical ventilation will be a problem and that RTs will be involved at all

AARC Helps RTs Prepare for Serving in Mass Casualty Events

Even before the prospect of an avian influenza pandemic began making headlines late last year, the AARC was deeply involved with federal planners responsible for ensuring an appropriate medical response to any large-scale medical emergency with a respiratory component to care. The Association has been and still is working closely with officials from the Department of Health and Human Services (HHS) to recruit RT volunteers for its disaster response program and work out details on the training they will receive. The AARC also participated in a federally funded project carried out by Denver Health to address respiratory-related surge capacity

issues likely to emerge in any large-scale medical emergency.

In late May, the AARC published a guidance document on its web site (www.aarc.org) to assist state and local agencies and other entities as they plan for pandemic flu and other mass casualty events. The document, "Guidelines for Acquisition of Ventilators to Meet Demands for Pandemic Flu and Mass Casualty Incidents," includes vital information to help these agencies make decisions about ventilator acquisitions and also to assist them in addressing the supplemental issues of personnel, training, supplies, and other equipment needed in any situation with respiratory implications.

In addition to circulating the resource to state departments of health, the AARC made good use of the document in discussions with HHS officials that took place in Washington, DC, earlier this summer.

The document is available on a new Pandemic Flu/Mass Casualty/Disaster Planning resource page set up on www.aarc.org. The resource page includes a wealth of additional information on disaster planning — plus a direct link to sign up for the AARC's Disaster Response Roundtable — and should serve as "one stop shopping" for RTs seeking material on these topics. You can visit the page at: www.aarc.org/resources/mass_casualty/index.asp. 

beyond giving breathing treatments,” says Owens. When he’s educated these folks on the realities of an avian flu pandemic, reactions have ranged from shock to a call for military-style triage aimed at treating only those patients with a good chance for survival. “If RTs don’t help plan for a potential pandemic, an unacceptable and unnecessary number of people will die,” he says.

Richard Mitchell, RRT-NPS, cardiopulmonary specialist at Spohn Shoreline Hospital in Corpus Christi, TX, and an RT volunteer for HHS’s disaster response program, agrees RTs need to be proactive. “Historically, our involvement in mass casualty has been minimal; and the mainstream disaster preparedness process is not accustomed to our involvement,” notes the therapist. “Respiratory response needs to be planned by those with the knowledge and skills to do so. The ventilator issue, for instance, could have well been a fiasco had RTs not stepped in. We need to be there.”

State societies a good place to start

In many places around the country, therapists are finding the best way to make inroads with disaster planning groups and agencies is to network through their AARC state societies. In addition to his other emergency management responsibilities, for example, Joe Nedley is serving as chair of a new sub-section on disaster preparedness set up by the Georgia Society for Respiratory Care.

Randy Solly, RRT, CPFT, from Penn Medicine in Radnor, PA, is working in a similar capacity for the Pennsylvania Society for Respiratory Care (PSRC). Solly, who has served as a volunteer firefighter for 17 years, is the PSRC’s new disaster planning chair and as such has been

New Jersey Recognizes Critical Role of RTs

The state of New Jersey recently acknowledged that “in the event of an influenza pandemic, the New Jersey Department of Health and Senior Services recognizes the critical role respiratory care practitioners will play in caring for those who are ill.” The letter from David Gruber of the New Jersey Emergency Response Division to Joseph Goss, RRT, president of the New Jersey Society for Respiratory Care, invites him to serve on an Influenza Advisory committee. Gruber also asks Goss for assistance in recruiting health

and community volunteers to enroll in the New Jersey Medical Reserve Corps (NJMRC). “The NJMRC would greatly welcome the valuable services your members could provide during a health care emergency,” says Gruber.

At least 29 state societies already have interfaced with their state or local government agencies to assist in disaster planning, and another 14 are expecting to get involved in this area. Twenty-six are helping shape policy on ventilator acquisitions. 🦠

networking with state officials and his own employer “not only to define the role of the respiratory therapist in a disaster, but also to [ensure therapists] take a leading position in patient care and ventilator management.”

Utilizing state societies also makes good sense because they already have the infrastructure necessary to quickly and easily disseminate important information to therapists in their states. Solly says the PSRC plans to use its web site to post educational information and guidance aimed at providing respiratory therapists and managers with a better idea of what they can expect should a flu pandemic arise. “By definition, respiratory care is the specialty responsible for the treatment and care of the lungs — exactly where the avian flu will affect the body most severely,” says the therapist. “We can and should offer our expertise to federal, state, and local

communities in preparation for treating and mitigating the effects of the flu.”

“We are the experts...”

All of these respiratory therapists believe their efforts in emergency and disaster response planning will serve their communities well in the event of an avian flu pandemic, bio-hazard event involving a respiratory agent, or other emergency situation. “The respiratory therapist is the ‘point person’ for hospital-based respiratory interventions,” notes Paul Luehrs. “We are the first response personnel for the hospital and have a perspective that can only be obtained by working in the profession of respiratory care. We are the experts at respiratory triage.” 🦠

Debbie Bunch lives and works in Dallas, TX, and has been the lead writer for *AARC Times* magazine since 1977.