# AVMA Disaster Training Core Competencies #2 Sept 2023 Knowledge Of One's Expected Role(s) In Organizational And Community Response Plans

Barrett D. Slenning, MS, DVM, MPVM Emeritus, NC State Univ., College of Veterinary Medicine Former Director of Agrosecurity & Biopreparedness barrett\_slenning@ncsu.edu

## LEARNING OUTCOMES

<u>AVMA Disaster Training Core Competencies #2.0:</u> Demonstrates knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or animal health emergency

- 2.1 Explain formal opportunities and the need for trained veterinarian disaster responders
- 2.2 Explain the veterinarian's role within an incident management hierarchy and chain of command
- 2.3 Explain mechanisms for reporting actual and potential health threats through the chain of command/authority
- 2.4 Explain why ongoing professional interdisciplinary relationships are important for One Health collaborations
- 2.5 Explain roles of Community Animal Response Teams (CARTS) and State Animal/ Agricultural Response Teams (SARTS)

# **INTRODUCTION**



Recently the American Veterinary Medicine Association (AVMA) designed a program for certifying veterinarians and veterinary students to be animal health disaster responders. In 2019 the AVMA held meetings with 5 veterinary colleges to share what/how they trained students to accomplish disaster certification. A working group operated over the next two years to design a national model for entry-level core competencies for veterinary disaster training. Eight competencies were published by the AVMA in late 2021 (See the Appendix and the AVMA certification program in the References).

The Oregon State University Carlson College of Veterinary Medicine's Disaster Action Management Team (DAM Vets), in collaboration with the Oregon Department of Agriculture and the Oregon Veterinary Emergency Response Team, are producing a Veterinary Emergency Response Groups Education (VERGE) Seminar Series to address the AVMA learning objectives for core competencies for veterinary first responders. The purpose of this article, as part of the continuing VERGE mission, is to explore the five parts of the second competency: a successful student "understands one's expected role(s) in organizational and community response plans activated during a disaster or animal health emergency".

I recognize that my 20+ years of veterinary work and training in disaster responses are based primarily on hurricane events in the southeastern USA, and those experiences inform my thoughts, observations, examples, and opinions. Persons who have mostly worked in wildfire, or disease, or winter storm events, might have differing experiences and opinions. However, the information will be broadly applicable for an all-hazards approach to training veterinarians as animal health disaster responders. Lastly, before starting this, I want to say that while this text and presentation are necessarily focused on the AVMA's requirements for veterinarians and students, nearly all my comments and thoughts apply just as directly to licensed veterinary technicians.

#### 2.1 OPPORTUNITIES AND NEEDS FOR TRAINED VETERINARY DISASTER RESPONDERS

In disaster planning, a long standing fact holds: If you don't prepare your family and business for disaster, you will likely become a victim, and you won't be a resource in response. To mitigate the chance of you, your family, or your clinic becoming victims, you must have disaster plans in place.

# Whether A Person Is A Veterinary Technician Or Veterinarian, The Absolute First Role You Have Is To Be Sure Your Family Has A Disaster Plan That Works.

There are multiple templates available, and I have two good examples in the references (American Red Cross and Ready.gov). Understand, however, that these are mostly checklists of what needs to be done before, during, and after an event. A full plan expands the checklist to include who does what and when they are to do it. For example a checklist item "turn off gas supply to the house" becomes, in an actual plan:

# "Person A uses the attached wrench to turn off the gas supply located near the NW corner of the house, at the time the decision to stay or evacuate is determined. If Person A is unavailable, the responsibility falls to Person B".

What must be done (close the gas valve at the NW house corner), who does it (Primary is person A, secondary is person B), the equipment needed (a wrench pre-placed at the valve), and when it is done (at the point of deciding to shelter in place or evacuate); these are the components changing a checklist point to an operable item in a plan.

Before a disaster strikes is the time to prepare. During family planning care must be taken in determining who is included in the plan, and what each individual's roles are within the plan. Set aside the items that will leave with you if you evacuate, and be sure to have sufficient supplies on hand (food, water, medicines, toiletries, etc.) if you shelter in place.

Lastly, no plan is truly a good plan until it has been exercised. Practice the plan to be sure you have necessary things included, non-necessary things are left out, and that every person involved knows what they are to do, when they are to do it, and how to get the activity accomplished.

#### The Second Role Prior To An Event Is A Veterinary Responder Must Have An Actionable Disaster Plan In Place For Their Clinic

The optimal endpoint for a clinic in a disaster area is for it to get up and running as soon as it feasibly can. Several planning issues can assist in making this optimal endpoint more likely.

- First, have a clinic disaster plan including all employees. AVMA has a good template that is in the References to this text.
- Important for a clinic/family plan is to rank the most likely disasters your site will face and design plan(s) for the top 2 to 4 likely situations.
- Second, include a resilient communications plan, starting with phones, to texts, to what other communication modes are applicable to your situation.
- Next, be sure all employees know of the plan and their roles within that plan. This includes internal communications and public/client communications
  - Even the best plans can be overwhelmed by events: If a staff member breaks a leg, that employee will NOT be able to work their parts of the clinic plan. So, plan for areas where a plan must be flexible.
- The last part of having a good clinic plan, just as was true for the family plan, is to exercise/practice the plan to see if it will work as intended. Practice the plan, and then redo sections that didn't work. Then try it again until it is right.



Veterinary clinic that had no disaster plan. Hurricane Katrina, New Orleans LA, 2005. You don't want to be the vet or staff of this clinic. JL Tickel.

A valuable action for clinic disaster resiliency is to <u>establish "sister clinic" relations</u> with another veterinary hospital, ideally outside your locality. For instance, in North Carolina, clinics in coastal communities are at elevated risk of evacuating and being out of commission for some period of time due to a hurricane. Clinics in the next county inland set agreements with the coastal clinics such that they would plan to receive and care for patients from the coastal clinic during hurricane disasters. The NC Veterinary Medical Association has a program called "Vets Helping Vets" that facilitate this disaster resiliency effort.

Being a formal resource for your community plan. An important consideration for a clinic disaster plan is to determine whether to be listed as a county/municipal resource in that entity's own plan. If you decide to be so listed you are making a commitment to serve and support the community when a disaster strikes. It also places your clinic in line with human hospitals and other important infrastructures to have faster access to the property, get resources such as water and fuel, and to be prioritized for regaining electricity, communication, and water services. Additionally, disaster-related expenses you incur, if correctly documented, have a good chance of being reimbursed if your clinic was listed as a response resource in the county plan. Last, you become an "employee" of the response, and your liability insurance comes through the response, not your own policy.

# A Third Role Prior To An Event Is For Veterinary Responders To Educate Their Clients

Whether you decide to become formally involved with animal health disaster planning and response, part of your role as a veterinary professional is to help your clients be more resilient to disasters and their impacts. This is a constant, ongoing, effort. It is most important to address in your early interactions with clients. The types of animals they own determine the kinds of preparations and plannings that are needed. A few things for owners to consider:

- Estimates from Mississippi coastal areas during Hurricane Katrina in 2005, found that something around 25% of the deaths were residents who stayed back with their pets.
- Research suggests that people with cats are more likely to not follow an evacuation order, or to evacuate too slowly to be safe. The most common reason given is that owners don't have cat carriers. (See Heath, et al. in References for more information)
- Another common reason for pet owners to not evacuate in time is that they did not know where to go. Plan ahead and find 2 or 3 safe places where you and your animals can evacuate.
- Many owned horses are not kept on the owners' property, but are stabled elsewhere. Has the owner ever asked about the stable's disaster plan? There likely isn't one.

- If an owner has more horses than trailer capacity (i.e., they have 4 horses on site and a 2-horse trailer), they need to decide who goes if they have to evacuate (and who stays behind), or organize ahead of time for extra emergency transport.
- Most shelters require evidence for up-todate rabies vaccinations for dogs and cats to enter, and most large animal shelters will require recent Coggins' tests on each horse. Owners, therefore, need to have those documents with them when they evacuate.
- In my experience a common problem with animal evacuations is that the owner waited too long to make the decision to go, and they got caught in traffic jams, flood waters, or worse.
- My experience for sheltering in place issues is a lack of planning for sufficient supplies to get them through the sheltering period.

Clients also should understand that though we have the Pets Evacuation and Transportation Standards Act (PETS Act; 2006) in position, it only applies to formal state/federally supported activities. Therefore, they should not expect private entities (campgrounds, hotels, etc.) to admit evacuated animals. Owners need to also understand that not all animals are covered by the PETS Act. It discusses "pets" as being only dogs, cats, birds, rabbits, rodents, and turtles. Other reptiles, pet pigs, fish, amphibians, and farm animals are not included. I have worked shelters where we happily took pigs, bearded dragons, small ruminants, and koi, but owners need to check first.

# The Fourth Role Prior To An Event Is For Veterinary Responders To Work With Local Emergency Management Professionals On Creating/Improving Disaster Plans

More on this will be in Section 2.4. Whether you are part of your community's formal planning and response activities, it is worth your time to meet and talk with local Emergency Management (EM) personnel. They may be people in dedicated city or county EM positions. They may be part-time employees from within law enforcement or fire districts. The person responsible for animal disaster functions is sometimes the single Animal Control officer for your county. I have seen all the above.

By meeting with your EM manager you often can get the opportunity to help build the agency's disaster response plan, and its animal-related parts (if they exist). If there is no animal-related part, or if it is barely mentioned, that becomes a good time for you to offer help. In my experience, such offers to help are rarely refused.

Far too many area disaster plans give little time or effort to animal issues. Most commonly the reason for this is that nobody in that EM office has animal experience. A veterinarian offering to help fills a gaping hole in such disaster plans, and helps to assure that should that plan need to be activated, the animal section has a better chance of operating correctly and safely.

# The Fifth Role is During an Event and Involves Working Within The Response Framework

The role most people think of when talking about veterinarians and disaster preparedness and response is this one: What vets can do during and after an event. That is the reason I listed it as the last role, otherwise it gets all the attention. Too many of us focus on the actual event, and get gobags with supplies, and ignore the planning and education efforts of the first four roles I wrote up.

A veterinarian's first priority in a disaster has to be the animals already under her/his care, that is, the animals in the clinic and those who will be depending on you. There are horror stories of veterinarians who did not plan and who abandoned animals in their clinics, many of which died. You really, really don't want your name in the newspaper for that reason.

As soon as a clinic can get back up and running after an event, the sooner the veterinarian can care for special client needs and those of new clients. There will be many. And just because a wild-fire came through doesn't mean that bitches stop needing C-Sections, or that diabetic cats all decide to take a rest for a few weeks. After an event all the "normal vet things" happen, but they will be overlaid by disaster-related special needs. Animals with trauma, dehydration, GI problems, stress-induced diseases, and the like, will be more common than usual. Prepare for it.

If you are able to be a formal part of a disaster response, after assuring your prior roles have been taken care of, my experience is that the veterinarian usually slots into one of three response roles:

 <u>To me, the largest number of veterinarians involved in disaster response will work with shelters</u>, whether they be Rescue or Evacuation shelters. The needs of the two shelter type are different, and must be accommodated by

the responding veterinarians.

 <u>Rescue shelters</u> have animals of unknown history/ownership pulled from a disaster site and brought in, usually by professional rescue groups working within the overall disaster response effort. These shelters need to identify animals as best they can, triage the animals, and offer treatments, decontamination, isolation, or simple sheltering.



 <u>Evacuation shelters</u> have animals and their owners, usually, showing up together. You get animal ID and history quickly. They are less apt to need decontamination or isolation facilities than do Rescue shelters.

- Three common types of Evacuation shelters are:
  - <u>Stand-alone shelters</u>. These are typically Animal Control shelters at the city/county level, or temporary structures at fair grounds. These shelters are fully operated by hired staff and volunteers. They can, therefore, be expensive and resource intensive to run.
  - <u>Co-located shelters</u>. These are temporary or mobile animal shelters set up near to a human shelter. In most



cases, shelter staff supervise operations, but owners are responsible for walking, cleaning up, and feeding pets. As such, these are relatively less resource intensive than stand-alone shelters.

- <u>Cohabited shelters</u>. In these systems the evacuated people and animals stay under the same roof and share the same space. Again, owners are responsible for maintenance of pets. These shelters can have frictions between animals and between animal owners and non-animal owners within the facility.
- I have not seen a Cohabited shelter successfully implemented, though other experts promote them. Shelter operators (American Red Cross, Salvation Army, etc.) and public health officers usually are against cohabitation of people and animals. Some will also argue against Co-located set ups, at least until they see them operating. Watching people experiencing the worst days of their lives gain some normalcy by taking care of their dog, hugging their cat, or just sitting outside and talking with other animal owners, offers emotional well-being that cannot be overestimated.
- The best Evacuation Shelters with which I have worked usually had agreements in place with local private practices. Should an animal require special care or attention, or was inappropriate for the shelter environment, they could be transferred for the better care available at a cooperating private practice.
- <u>The second common role for responder veterinarians during a disaster is in supporting the rescuer population</u>. In this I include service dogs, such as national guard or private group search and rescue dogs. Also included will be helping to evaluate/capture animals out in the area. This often will require ability to administer tranquilizing drugs and performing onsite first aid. Some animals will need to be euthanized when found. This is an essential, if heart breaking role. Mostly, however, technical animal rescue is not a skill that most veterinarians have gained, so as a result, few of us actually go out on rescue missions. But we will be at the rescue shelters to accept and do the best we can for those rescued animals.
- <u>The third, and least common, role for responder veterinarians during a disaster, is to work</u> <u>within an Emergency Operations Center.</u> A veterinarian with Incident Command System (ICS, see next section) training and experience can slot in into any number of areas for response. Veterinarians have served as public information officers and as liaison officers to animal groups and non-governmental organizations (NGO). We can work within the Operations division to help guide rescue and sheltering efforts. We can work with the Planning division in epidemiology running testing and tracking efforts during disease outbreaks. There are multiple other ICS level positions into which trained veterinarians and veterinary technicians can have greatest effect during and after a disaster.

This last point above actually leads us to the third subsection of core competency #2, the formal roles a veterinarian can assume within ICS and the chain of command.

# 2.2 VETERINARIAN'S ROLE IN AN INCIDENT MANAGEMENT HIERARCHY & CHAIN OF COMMAND



<u>ICS REVIEW</u>. The Incident Command System is a standardized approach to the command, control, and coordination of emergency response that offers a common chain of command and communications, within which responders from multiple agencies can be effective. It was formed by California and Arizona fire fighter groups in the 1970s, and has become the primary means by which civilian and National Guard groups engage together to respond to an event. (See Appendix B for a larger expanded version of the ICS structure). ICS has five main functions:

- 1. INCIDENT COMMAND: Sets objectives, strategies, and priorities. Has overall responsibility for the incident.
- 2. OPERATIONS: Conducts operations for incident objectives. Establishes tactics, directs all operational resources.
- 3. PLANNING : Supports planning process by tracking resources, collecting/analyzing info, and documentation.
- 4. LOGISTICS : Provides resources & services to support objectives.
- 5. ADMINISTRATION & FINANCE : Monitors & provides accounting, procurement, time recording, and cost analyses.

Before 2006 or so, when veterinary contributions to disaster planning and response developed, most veterinarians knew little to nothing about how Emergency Management worked, nor did we understand their concepts or terminology. The same was true for law enforcement and responders; they did not understand animal health concepts or terminology. Sharing training and working together has mostly removed those barriers.

Basic ICS training is available for free. You can access it online through the Federal Emergency Management Administration (FEMA) Independent Study website: *training.fema.gov/is/crslist.aspx*. Most responder groups have requirements for basic level ICS training. For instance, Oregon's DAM Vets and North Carolina's Veterinary Response Corps both require candidates to complete "Introduction to ICS" (IS 100.x), "Basic ICS for Initial Response" (IS 200.x), and "Introduction to the National Incident Management System" (IS 700.x) [Note here that the ".x" in each course number is to account for the changing updated versions of these courses].

FEMA offers over 200 ICS/NIMS courses online, but advanced courses can only be taken in face-toface classes. The more classes one takes, and the more practical experience one accrues, the more a person can do within ICS.

<u>VETERINARIANS' ROLES.</u> For the most part, a majority of veterinarians working within ICS command structures will be in the Operations Division as Responders, Single Resources, Unit Leaders, or Supervisors. These positions are the typical levels needed to be associated with rescue groups and shelter management. However, I have known veterinarians – not because they're vets, but because they had ICS training and experience – to be large-event Incident Commanders, Command Staff, and General Staff. Again, your role within ICS is determined by your training and experience.

On the next page is a chart indicating some of the typical basic requirements for positions within ICS, depending on the size of the Incident (Type 1 - 5, with 5 being small event and 1 being a huge event). If a veterinarian were to achieve the basic requirements for DAM Vets (IS 100, 200, 700) and gained functional experience, the above chart suggests that of the 24 positions, this basic training would get your "foot-in-the-door" for 7 to 12 of those positions.

	Typical Basic I.C.S. Training Requirements for Below Positions by Incident Type 1					
Organizational Level	Incident Type 5 amail, altart lived event <1 operational period IC is only ICS position aix or lever personnel total	Incident Type 4 boal, daylong event 1+- operational period may have only IC / Command Blaff & fee dozen personnel total	Incident Type 3 moderate, 2+day event multiple operational periods aomaial commandigent staff activated Less than 200 total participants	Incident Types 2, 1 regional to national events days to contrins in length most/all staff levels activated often >1,000 total personnel		
Incident Command	100,200,700 <sup>2</sup>	100,200,(300),(400),700,(800)	100,200,300,400,700,800	100,200,300,400,700,800		
Command Staff	n/a	100,200,(300),700,800	100,200,300,400,700,800	100,200,300,400,700,800		
General Staff	n/a	100,200,(300),700,(800)	100,200,300,(400),700,800	100,200,300,(400),700,800		
Branch	n/a	n/a	100,200,300,700,800	100,200,300,700,800		
Division/Group	n/a	n/a	(n/a) or 100,200,(300),700,800	100,200,300,700,800		
Unit	n/a	(n/a) or 100,200,700	100,200,(300),700	100,200,(300),700		
trike Team/Task Force	n/a	(n/a) or 100,200,700	100,200,(300),700	100,200,(300),700		
Responder/Individual	100,700	100,(200),700	100.(200),700	100.(200),700		

1 - items in parentheses indicate this level of training may or may not be required depending on event size, time length, and/or complexity. Individuals with higher training achievements can always work in lower organizational levels.

2 - numbers above are official ICS/IS course numbers (i.e., 100 = ICS/IS 100 - Introduction to ICS). Modifiers (e.g., ".a", ".b", etc.) are left off for presentation simplicity

<u>100- Intro to ICS</u> – history, features/principles, & organizational structure of the system; explains relationship between ICS and NIMS <u>200- Basic ICS for Initial Response</u> – expands on IS 100 to enable personnel to operate efficiently during an incident or event within the ICS; provides training and resources for personnel who are likely to assume a supervisory position within ICS.

<u>300- Intermediate ICS for Expanding Incidents</u> – expands on IS 200 for advanced knowledge and application of ICS, especially in planning/evaluation; focus is on entry-level management of small-scale, all-hazards incidents with emphasis on scalability of ICS

<u>400- Advanced ICS for Complex Incidents</u> – expands on ICS 300. focus is on large, complex incidents; area command, EOC, dividing incident into manageable components, multiagency coordination systems, Incident Management Teams.

<u>700- Intro to National Incident Management System</u> – standardized approach to incident management; NIMS defines approach guiding government, nongovernmental organizations (NGO), and the private sector - work together; concepts/principles, managing resources, ICS interface, EOC models and functions, NIMS guided interconnectivity, Communications/info systems

800- National Response Framework, An Introduction - principles [engaged partnership, tiered response, scalable & flexible, unity of effort, readiness to act] enabling partners to prepare/provide a unified national response to disasters/emergencies; focuses on response core capabilities; scope/purpose, roles/responsibilities, core capabilities/actions, coordinating structures/planning.

ONE MORE THING: **DO NOT SELF-MOBILIZE!** Perhaps the most important part of having become part of an ICS organized response is that it gives the veterinarian a coordinated and safe means of participating in a response. All too often, well-meaning but untrained people want to help in a response. They arrive by themselves, usually without the means to be self-sustaining, and try to jump into the response, usually by rescuing animals. There are numerous reports of non-responder individuals "rescuing" animals from their homes when the owners were there. Other reports, again too numerous to count, tell of would-be self-mobilizing "rescuers" becoming trapped, or injured, and by transitioning to victims, they take up resources and tie-up time of actual responders. While wellmeaning, these uncoordinated efforts just cause confusion, soak up limited resources, and also decrease the efficiency of the response.

However, when you know ICS, and have already signed up for a declared response, you will be officially mobilized (with the <u>liability insurance</u> and <u>remuneration</u> potentials) into a safe, planned, and flexible, response structure. Further, if you go out-of-state most disaster declarations will include <u>license reciprocity and portability for responders</u>. Self-mobilizing individuals have none of that, and just cause problems in an area and time when there are already too many problems.

# 2.3 MECHANISMS FOR REPORTING ACTUAL/POTENTIAL HEALTH THREATS THROUGH CHAIN OF COMMAND/AUTHORITY

Within the National Incident Management System (NIMS), two bits of terminology are used [Chain of Command vs Unity of Command]. Often they are mistakenly used interchangeably. One of them directly impacts reporting within an incident, so it is good to get them straight now.

<u>Chain of command refers to the orderly line of authority within the incident management organiza-</u> <u>tion.</u> Largely, that is what ICS is about, as it lays out the scalable and flexible organizational structure that supports lines of authority. It is what we talked about *ad nauseam* in the prior section.

<u>Unity of command means that each individual only reports to one person</u>. This clarifies reporting relationships and reduces confusion caused by multiple, conflicting directives, enabling leadership at all levels to effectively direct the personnel under their supervision, and to efficiently communicate up and down the chain of command. An ICS instructor once said that the only thing you need to remember in an ICS-based response is "who reports to you, and who you report to". He wasn't entirely wrong.

Therefore, wherever you are slotted into an ICS organization, your formal responsibility for reporting incidents or threats is to report to whomever is your immediate superior. The example to the right looks long and overly complex. But it works. If the issue can be dealt with at the Supervisor level, it is, and a report of those actions is sent upstream in an end-of-shift activity report. If it needs to be dealt with at a higher level, that is where it goes. The Command Staff and Incident Commander will eventually learn about the issue in a time and manner appropriate for the issue's importance.

<u>Common Errors.</u> It is not uncommon for responding veterinarians, who are used to being the only link in their clinic's chain of command, to feel their observations/concerns should bypass the Chain of Command and just go to the "top". That is wasteful and cuts out the managers who may be in the best positions to deal with that threat and who need to spread the word. Another common failure happens when people unfamiliar with the in place systems make a report on an ICS form or a communications protocol that is designated for something else, such as resource requests. If done incorrectly the threat report can get lost in the shuffle. That could increase the risks to all involved, so just follow the process for reporting.

# **REPORTING EXAMPLE**

As an example, if you are a Veterinary Single Resource, Technical Specialist within a Shelter Task Force, you would report a health or other threat to your Task Force Leader.

That Leader would send a report, likely on a designated official ICS form (there are at least 36 different ICS forms!) &/or designated communications protocol (radio, cell phone, etc.) to the Task Force's Group Supervisor, who, if they cannot address it at that level, would forward it to, depending on the ICS structure, a Branch Director.

If it was beyond the Director's capabilities, it then would go to the Operations Section Chief, and finally, if warranted, to the Command Staff & Incident Commander.

# 2.4 ONGOING PROFESSIONAL INTERDISCIPLINARY RELATIONSHIPS ARE IMPORTANT

By now we have learned of the importance of planning for yourself and your clinic. We have also seen how a response chain of command is organized through Incident Command Principles to establish flexible and expandable structures within which multiple planners, responders, and managers may operate. With a little consideration it is evident that those planners, responders, and managers would be well-served to have met each other beforehand. The old adage is "You don't want responders handing out business cards during an event."

This is especially true when we are talking about animal-related issues surrounding emergencies and disasters. As mentioned in Section 2.2, in the past it was not uncommon for Emergency Managers, law enforcement, or fire fighters to have little, if any, understanding of animal-related issues.

Pets were often seen as hindrances to the mission, as most EM missions focused first on protecting people, and second on protecting property. These issues came to a head with Hurricane Katrina in 2005 where news videos showed children and the elderly having their pets taken from them so the people could be evacuated.

Since then, EM professionals have learned – even if they personally do not care about a victim's cat or dog – if responders work to get the pet out of harm's way, the child and the senior citizen will gladly follow. Evacuating pets, then, became an excellent tool to facilitate getting citizens to safety, decreasing casualties of citizens and improving responder safety. The more EM understands veterinarians' skills and knowledge about animal-related



issues in disasters, and the further veterinarians understand the concepts and methods of EM, the better we all will be. Here are a few professionals on the EM and responder side of things all us veterinarians should know:

- 1. <u>Local Fire Officials</u>. If you have a clinic, kennel, stable, or farm, you should get to know your local Fire Captain/Chief. Most fire departments will send staff to your business to go over fire-related threats and mitigation potentials. Just having a fire fighter know how to access your site, where they can tap into water, and what else is on that site is valuable.
- 2. Local Emergency Manager. This person will likely work at the city or county level. In some jurisdictions the position is part-time. This person usually leads local planning efforts, and should welcome any input you can provide, especially if you have some ICS and responder capabilities. The local Emergency Manager is also the go-to person for helping with Memoranda of Understanding/Agreement (MOU/MOA) potentials to get you and your clinic in the local disaster plan, and to help with remuneration possibilities. My experience is once you meet your local Emergency Manager face-to-face, he/she will be more than willing to work with you in the future.
- 3. <u>Local Public Health leader</u>. The position is likely in the Public Health section of local government. This person makes decisions, typically, about resolving dog bite events with or without evidence of rabies vaccinations. This person will also be involved in planning sheltering activities for your locality, and unless they understand some animal issues, might be reticent about setting up anything other than Stand Alone Shelters.
- 4. <u>State Cooperative Extension System (CE or Coop Ext</u>). CE has its own disaster response training and activities (EDEN, Extension Disaster Education Network). They will often be involved, if not managing, large animal sheltering and resource acquisition such as hay, water, portable panels, etc. Different states have differing levels of CE activity, but CE staff can be important people to know.
- 5. <u>State/Federal Animal Health Officials</u>. Most states do not have county-level government animal health staff, outside of Animal Control. Because of this, the State and Federal animal health officials are the next important persons to communicate with. In most states, this is the State Veterinarian, the State Public Health Veterinarian, and the USDA/VS Area Veterinarian in Charge for your state or region. They play roles in day-to-day veterinary practice, and are vitally important during disasters.

Understand that these professionals will be important to you as a practitioner, not just as a responder. Furthermore, they will often be involved in situations that are not full-fledged disasters (e.g., animal hoarding events, local chemical spill, highway incidents involving animals, etc.). We don't just respond to big disasters, and neither do they. There will be times and places where you, as a veterinarian, may be snubbed by local EM officials. While unfortunate, it is important to know that they will also likely be resistant to animal-health issues brought up by individuals. When that has happened to me or to students, I have then worked with local animal associations and clubs (Cattle, Equine, Dog Breeds, Farm Credit, Farm Bureau, Coop Ext, 4H/FFA, etc.) to get these groups to put pressure on local officials to open up to considering animal-related issues during planning and response in disasters. That usually works!

# 2.5 ROLES OF COMMUNITY ANIMAL RESPONSE TEAMS (CART) & STATE ANIMAL/AGRICULTURAL RESPONSE TEAMS (SART)

Not all states have active Community Animal Response Teams (CARTs) & State Animal/ Agricultural Response Teams (SARTs). In the late 1990s I helped North Carolina develop the first SART, and later I was involved with assisting NC and other states' towns and counties in developing CARTS. These volunteer organizations will often have MOU/MOA documents pre-established to be ready to play a role in animal-related issues in disasters or emergencies.

State Animal & Agriculture Response Teams are typically private-public partnerships with interagency state organizations dedicated to preparing, planning, responding and recovering during animal and agricultural emergencies and disasters in the United States. In most cases of which I am familiar, SARTs typically have their public component residing within a state's EM division/department. SART personnel work with state EM, other agencies, animal groups, and others to help plan, prepare for, and assist in animal-related incidents. SART volunteers, especially if there are no local CARTs (see next) will often be among the first personnel to help set up shelters, work phones to find resources and shelter sites, and to coordinate private-public resources at a state level.

Community Animal Response Teams (CARTs) are typically organized at the county or community level, and target themselves to be on-the-ground animal-related responders. CARTs may be public-private partnerships at a city or county level, but many are

private partnerships at a city or county level, but many are purely private organizations.

Some CARTs will only have a small cadre of volunteers with few additional resources, while others will bring with them many individual volunteers, vehicles, Companion Animal Mobile Equipment Trailers (CAMET, an animal shelter on wheels (without the building, common supplies and equipment, or staff)), and other equipment. I have found CART volunteers especially helpful in responses as they know their local communities, roads, farms, citizens, and the like.





I am not aware of formal SART or CART organizations in Oregon. We have OVERT (Oregon Veterinary Emergency Response Team), but a veterinary response team, though statewide in responsibility, is not a full SART. In NC we had the statewide Veterinary Response Corps, and most members were also part of our SART. But they are not the same.

It is my understanding that groups exist in our state that are working to develop such capabilities. Also, recognize that not all groups that perform the functions of a CART will use the standard name, so there are "CART-like" capabilities in parts of the state that I do not know about.

That brings up another point: Many individuals from animal humane backgrounds will call a CART a "Community Animal RESCUE Team", and will not be willing to participate in anything beyond companion animal rescue activities. My own experience is that such groups can be difficult to work with. Not all, by any means, are difficult, but just be aware of groups that may carry agendae that are not aligned with the kind of animal response we have discussed in this text.

#### SUMMARY COMMENTS

The purpose of this text and the accompanying presentation are to explore the <u>AVMA Disaster</u> <u>Training Core Competencies #2.0:</u> "Demonstrates knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or animal health emergency".

In doing so we discussed some, but certainly not all, formal opportunities and needs for trained veterinarian disaster responders (Section 2.1). We then evaluated the veterinarian's role within the incident management hierarchy and chain of command (Section 2.2), which included a review of the ICS structure, concepts, and methods, as well as training opportunities for veterinarians and veterinary technicians to learn ICS. We finished that section with an admonishment to never selfmobilize, as such "lone wolf responders" usually only confuse the situation and cause problems for the response and for themselves.

Next, we explored mechanisms for reporting actual and potential health threats through the chain of command/authority (Section 2.3), including common errors made in such communications. An important aspect of being in a profession is to reach out to related professionals, and disaster management is no different. So, we also looked at why ongoing professional interdisciplinary relationships are important for collaborations, and for clinic and community resilience (Section 2.4). Lastly, we discussed the common roles of Community Animal Response Teams and State Animal/ Agricultural Response Teams (Section 2.5).

#### **ABBREVIATIONS USED**

AVMA CAMET	American Veterinary Medical Association Companion Animal Mobile Equipment	NGO NIMS	Non-Governmental Organization National Incident Management System
04.DT	Trailers	NRF	National Response Framework
CARI	Community Animal Response Team	OVERT	Oregon Veterinary Emergency Response
CE / Coop Ext	Cooperative Extension System, USDA		Team
DAM Vets	OSU Veterinary College Disaster Action Management Team	PETS Act	Pets Evacuation and Transportation Standards Act of 2006
EDEN	Extension Disaster Education Network	SART	State Animal/Agricultural Response Team
EM	Emergency Management or Manager	USDA / VS	US Department of Agriculture, Veterinary
FEMA	Federal Emergency Management Agency		Services
ICS	Incident Command System	VERGE	Veterinary Emergency Response Groups Education
MOU / MOA	Memorandum of Understanding / Agreement		

#### **REFERENCES AND SUGGESTED READINGS** All URLs were accessed & active in early Sept., 2023

American Red Cross. Make a Plan. 2023. www.redcross.org/get-help/how-to-prepare-for-emergencies/make-aplan.html

**AVMA**. Veterinary First Responder Certificate Program. 2022. www.avma.org/resources-tools/animal-health-and-welfare/disaster-preparedness/avma-veterinary-first-responder-certificate-program

**AVMA**. Emergency planning for veterinary practices. 2023. www.avma.org/resources-tools/animal-health-and-welfare/disaster-preparedness/emergency-planning-veterinary-practices

Bissett W, Zoran D, et al. The Veterinarian's Role in Emergency Management. AAEP Proceedings v66. 2020. aaep.org/sites/default/files/2022-05/Bissett, %20Wesley.pdf

Ellis, D. Disaster response: The role of veterinarians. AVMA Axon Online Training. 2022. axon.avma.org/local/catalog/view/product.php?productid=229

Heath S, et.al.. 2001. Risk factors for pet evacuation failure after a slow-onset disaster. JAVMA, Vol 218, No. 12. Heath S, et.al.. 2001. Epidemiologic features of pet evacuation failure in a rapid-onset disaster. JAVMA, Vol 218, No. 12. Nolen R. The PETS Act: A legal life preserver. 2015. www.avma.org/javma-news/2015-08-15/pets-act-legal-life-preserver Ready.gov. Make a Plan. 2023. www.ready.gov/plan

# APPENDIX A: AVMA CORE COMPETENCIES LIST, 2021



AVMA Veterinarian Disaster Responder Entry Level Core Competencies (Awareness Level Training)

#### 1.0 Understands skills needed for personal and family preparedness for disasters and animal health emergencies<sup>i</sup>

- Knows how to prepare a personal/family 1.1 disaster plan
- 1.2 Knows how to gather disaster supplies/equipment consistent with personal/family plan
- 1.3 Understands the importance of practicing one's personal/family disaster plan regularly 1.4 Describe methods for enhancing personal resilience, including physical and mental health and well-being, as part of disaster preparation and planning
- 1.5 Understands how to assist animal owners in preparing disaster plans
- 1.6 Understands the benefits of having a business Continuity of Operations Plan (COOP) and be familiar with resources where one can obtain that training

#### 2.0 Understands one's expected role(s) in organizational and community response plans activated during a disaster or animal health emerqencviv

- 2.1 Recognizes formal opportunities and the need for trained veterinarian disaster responders at the local, state, and national level
- 2.2 Recognizes the veterinarian's role within the incident management hierarchy and chain of command established in a disaster or animal health emergencyvi
- 2.3 Recognizes mechanisms for reporting actual and potential health threats through the chain of command/authority established in a disaster or animal health emergency
- 2.4 Understands why an ongoing professional relationship with each of the following is important for One Health inter-disciplinary collaboration: local emergency manager, local/state veterinary response organization,

local/state public health office, state public health veterinarian, state Chief Animal Health Official/State Veterinarian, federal Area Veterinarian-inCharge (AVIC), state extension servicesvii

- 2.5 Knows the role of Community Animal Response Teams (CARTS) and State Animal/Agricultural Response Teams (SARTS)
- 3.0 Has situational awareness of, and solutions to, actual/potential health concerns that may be encountered before, during, and after a disaster or animal health emergencyviii
  - Identify general indicators or epidemiologi-3.1 cal clues that may signal the onset or exacerbation of a disaster or animal health emergency
  - 3.2 Describe measures to maintain situational awareness before, during, and after a disaster or animal health emergency
  - 3.3 Understands the health and fitness requirements that may be encountered in austere environments during disaster and animal health emergencies<sup>ix</sup> 3.4 Understands the importance of health and safety of self and others<sup>x</sup>
  - 3.5 Has an awareness of the critical elements of a disaster or animal disease emergency by seeking, filtering, and processing information from available sources. Supports collective awareness through the provision of informationxi
  - 3.6 Understands the potential mental health impacts on both responders and animal owners from the effects of disasters and animal health emergencies; knows where to find psychological first aid resources (for temporary answers), and professional referrals for others or self (for longer-term help)

- 4.0 Recognizes potential impacts of various types of disasters and animal health emergencies on resources and how they impact animals along with potential solutions/workarounds to those impacts
  - 4.1 Describe the potential impact of various disasters and animal health emergencies to each FEMA Lifeline (Safety and Security; Food-Water-Shelter; Health-Medical; Energy; Communications; Transportation; Hazardous Materials)
  - 4.2 Describe how significant interruption of each FEMA Lifeline can impact animal health and response
  - 4.3 Describe how needed resources should be requisitioned during disasters and animal health emergencies
  - 4.4 Describe best practices surrounding animal evacuation, animal rescue, animal decontamination, animal triage, animal emergency sheltering, and animal reunification for various types of disasters

## 5.0 Has knowledge of biosecurity and animal welfare principles that are required in dealing with animals in disasters or animal health emergencies

- 5.1 Describe the various levels of Personal Protective Equipment (PPE) that are used in disasters and animal health emergencies along with the proper donning and doffing<sup>xii</sup>
- 5.2 Describe the use of zones and control areas at animal response locations (emergency shelter/farm/etc.) that also include airflow considerations
- 5.3 Describe the use of zones to maximize animal welfare in emergency shelters
- 6.0 Has knowledge of reporting and responding to zoonotic, transboundary, and foreign animal diseases (FADs) and how to mitigate potential impacts on human and environmental health (One Health)

- 6.1 Explain both federal and state agencies that have jurisdictional authority over zoonotic, transboundary, and FADs
- 6.2 Explain how reporting of suspected cases of zoonotic, transboundary, and FADs each need to be handled
- 7.0 Has knowledge of euthanasia/depopulation techniques for various animal species and appropriate disposal options for animal carcasses (both small numbers and large numbers of carcasses) that may be required for animals in disasters or animal health emergencies<sup>xiii</sup>
  - 7.1 Explain the difference between euthanasia and depopulation
  - 7.2 Explain under what circumstances depopulation techniques would be appropriate during disasters and animal health emergencies
  - 7.3 Explain lines of authority for who makes decisions about depopulation vs euthanasia 7.4 Explain current accepted methods of carcass disposal and associated environmental considerations
  - 7.5 Explain lines of authority involved in deciding how large quantities of animal carcasses are disposed
  - 7.6 Explain appropriate public information channels to utilize to minimize public misperception

8.0 Complete the following FEMA online courses (.X=current version of course at time taken) found at <u>https://training.fema.gov/is</u>xiv

- 8.1 IS-100.X Introduction to the Incident Command System<sup>xv</sup>
- 8.2 IS-200.X Basic Incident Command System for Initial Response<sup>xvi</sup>
- 8.3 IS-700.X An Introduction to the National Incident Management System (NIMS)<sup>xvii</sup>

For questions or comments, email DisasterCertificate@avma.org

# Additional Notes for AVMA Core Competencies

- i Information for a personal/family preparedness plan should be consistent with information provided at www.ready.gov
- ii See also 3.6
- iii It is not expected that a candidate for the Basic Veterinarian Disaster Responder Certificate complete a separate course in COOP training, but it is important that they understand the concept (awareness level training). AVMA has a separate certificate program for COOP training which veterinarians or veterinary staff can complete to show competency in this area. This training can be found at https://axon.avma.org/. Completion of module 1 of this series will be satisfactory for this requirement. As with all core competencies, other developed training may also be approved by AVMA to satisfy this requirement.
- iv This competency group should cover some of the veterinary response logistic considerations such as license reciprocity, liability, and need to not self-deploy
- AVMA has an on-demand webinar on opportunities for veterinarians in animal disaster response. This material can be found at https://axon.avma.org/local/catalog/view/product.php?productid=8. Other training will also be considered acceptable.
- vi This core sub-competency may be met by completing IS-100.x, IS-200.x, and IS-700.x. See also 8.0
- vii This sub-competency should not only focus on large disaster events, but also consider disease outbreaks and smaller emergency events such as local animal technical rescue responses where local private practitioners can engage with emergency response personnel to create a more holistic response to a local animal rescue event.
- viii Principles should be consistent with the Compendium of Measures to Prevent Disease Associated with Animals in Public Settings and the Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel .
- ix Explain general health risks associated with disasters and animal health emergencies. Explain personal fitness risks and requirements associated with disasters and animal health emergencies
- x Explain general safety risks associated with disasters and animal health emergencies. Describe risk reduction measures that can be implemented to mitigate or prevent infectious and hazardous exposures in a disaster or animal health emergency. Demonstrate proficiency in the assessment, selection, and use of health and safety measures (e.g., technology, equipment, devices, situations). Adhere to applicable industry regulations, guidelines, and safety precautions related to the use of PPE and other devices.
- xi Identify sources of information relevant to critical elements of disaster or emergency. Use tools (e.g., communication) to support situational awareness. Understand the importance of reviewing situation reports to remain up to date on a response. Maintain an awareness of own behavior and consider the perspectives of others to resolve or avoid cultural issues or misinterpretations.
- xii Demonstrate knowledge of effective use of various levels of personal protective equipment (PPE).
- xiii Euthanasia and depopulation techniques taught should be consistent with the AVMA Guidelines for the Euthanasia of Animals and the AVMA Guidelines for the Depopulation of Animals
- xiv Additional FEMA courses to consider recommending (but not required for certification) so that participants understand what animal related material other individuals are being taught are:
  - IS-10.X Animals in Disasters: Awareness and Preparedness
  - IS-11.X Animals in Disasters: Community Planning
  - IS-111.X Livestock in Disasters
- xv Copy of FEMA certificate will be required for AVMA certification
- xvi Copy of FEMA certificate will be required for AVMA certification
- xvii Copy of FEMA certificate will be required for AVMA certification





- <u>1. COMMAND STAFF</u>: The staff who report directly to the Incident Commander, including the Public Information Officer, Safety Officer, Liaison Officer, and other positions as required.
- <u>2. SECTION</u>: The General Staff organizational level having responsibility for a major functional area of incident management (e.g., Operations, Planning, Logistics, Finance/Administration, and Intelligence/Investigations (if established)). The Section is organizationally situated between the Branch and the Incident Command.
- 3. BRANCH: The organizational level having **functional and/or geographical responsibility for major aspects** of incident operations. A Branch is organizationally situated between the Section Chief and the Division or Group in the Operations Section, and between the Section and Units in the Logistics Section. Branches are identified by the use of Roman numerals or by functional area.
- 4. DIVISION: The organizational level having responsibility for operations within a defined geographic area. The Division level is organizationally between the Strike Team and the Branch.
- <u>5. GROUP</u>: An organizational subdivision established to divide the incident management structure into functional areas of operation. Groups are located between Branches (when activated) and resources (personnel, equipment, teams, supplies, and facilities) in the Operations Section.
- 6. UNIT: The organizational element with functional responsibility for a specific incident planning, logistics, or finance/administration activity.
- <u>7. STRIKE TEAM/ RESOURCE TEAM</u>: A set number of resources of the same kind and type that have an established minimum number of personnel, common communications, and a designated leader. In the law enforcement community, Strike Teams are sometimes referred to as Resource Teams.
- 8. TASK FORCE: Any combination of resources assembled to support a specific mission or operational need. A Task Force will contain resources of different kinds and types, All resource elements within a Task Force must have common communications and a designated leader.
- <u>9. SINGLE RESOURCE</u>: [1] An individual, [2] a piece of equipment and its personnel complement, or [3] a crew/team of individuals with an identified work supervisor that can be used on an incident.