

Pandemic Influenza (or SARS)—Version B

The Los Angeles County Department of Mental Health (DMH) has called you to respond to a large-scale disaster. You receive an incident briefing from your county DMH unit leader. In that briefing, you learn that the Los Angeles County Department of Public Health (DPH) was notified several months ago that at least 25 cases of a new and highly contagious strain of flu virus occurred in a small village in south China. Because of a genetic change in the strain of this particular severe acute respiratory syndrome (SARS) virus, people are not immune to it. DPH has also been told that outbreaks have appeared in Hong Kong, Singapore, South Korea, and Japan over the last two months. Although cases are reported in all age groups, young adults appear to be the most severely affected, with case-fatality rates approaching 5 percent.

You also learn that the Centers for Disease Control and Prevention (CDC), along with local public health departments, has been tracking the progression of the SARS virus and have reported that 100 confirmed cases of SARS have appeared in Los Angeles. Three other major U.S. cities also have confirmed SARS cases. You are told that the virus is now moving extremely rapidly and that outbreaks in the Los Angeles County area and elsewhere around the country will continue.

Individuals at the briefing ask about the availability of a vaccine for this new strain of SARS. The public health official present states that because of the rapid spread of the virus and the time required to develop, test, produce, and distribute an effective vaccine, the disease arrived in the United States before people could be vaccinated. Nevertheless, officials worked round the clock to produce a vaccine, which began arriving for distribution in Los Angeles County last week. Hospitals and clinics are now doing their best to distribute the vaccine. DPH is coordinating with the CDC on plans for allocating the limited supply of vaccine among the population and to establish guidelines on priorities for using scarce resources, such as antiviral drugs, hospital beds, and ventilators.

Hospitals are receiving a surge of worried people who are concerned that they have been exposed to SARS. Some are experiencing active symptoms of illness, but most are not. Part of the patient surge is due to the fact that it is also flu season. The media have begun highlighting shortages of medical supplies (e.g., vaccines and antiviral drugs), equipment (e.g., mechanical ventilators), hospital beds, and health care workers (due to worker illness). The media coverage has triggered a flood of concerned people, demanding to be seen by medical professionals and given a vaccine. Hospitals are now devoting so much time to SARS and flu season response that routine health care services are limited, leaving many individuals with chronic health care problems without needed treatment.

You also learn that large numbers of health care workers are choosing to stay home, and most of those who do work experience severe stress daily because of staff shortages and perceived risk of illness and transmission to family members. At some smaller community hospitals and clinics in underserved areas, up to 25 percent of the nursing staff cannot report to work because they have no child care arrangements. (To contain the spread of the disease, DPH has ordered closure of all schools and day care facilities in the county.) You are aware that hospital and clinic staff are experiencing conflict between their roles as health care providers and parents, and between altruism and professional responsibility to respond to the current public health crisis. Some health care workers are reporting what appear to be symptoms of acute stress disorder, particularly those staff assigned to hospital isolation units. Your county DMH unit leader has expressed concern that many medical personnel are at risk of developing post-traumatic stress disorder due to their role in the SARS response.

You are **assigned to the psychological support area next to the isolation unit**. You receive the new SARS vaccine before you report to the scene. You have been given a briefing on standard precautions by the

facility infection control staff and are wearing the same type of mask and rubber gloves as all other staff on scene, when appropriate. The facility staff is aware of your role to address the mental health (MH) concerns of those currently isolated with SARS and their families. You have also been told to “keep an eye out” for staff who are experiencing stress.

After a failed attempt to prohibit all contact between isolated patients and family members, the facility decided that the best way for MH and family members to have contact with SARS patients is by phone and Webcam. The facility has set up the necessary equipment for families to use in the family waiting area, and for MH staff to use in a separate, more private area.

While at that location, you notice a number of individuals demanding to be admitted to the isolation area to be with a sick family member. Several families with sick teens have been particularly persistent. A number of rumors are circulating about SARS and are causing much anxiety. Several staff members have confided to you that their supervisor is “pressuring” them to work in the isolation unit. Other facility staff refuse to be “anywhere near” any staff member who has been assigned to the isolation area.

As you talk with SARS patients, you have encountered a wide variety of emotional reactions and concerns about their medical condition. Just now, you have learned that a young SARS patient with whom you were working died. His family is distraught and is demanding to retrieve the body of their loved one immediately.

Draw on what you have learned in this course to address the following questions:

- What triggers of psychological response are you likely to encounter in this setting?
- Are there any specific triggers unique to SARS that you need to consider?
- What are your first priorities when you arrive on scene to provide assistance?
- What is your overall mission in this location?
- If other MH staff are assigned with you, what suggestions might you make about how to divide tasks?
- How might you work with other hospital or clinic staff also assigned to “mental health,” such as nurses, chaplains, child life specialists, etc.?
- How would you decide which patients need immediate assistance?
- How do you plan to work with those who have arrived at the facility but were not assessed by the medical staff as being exposed to SARS or experiencing any “real” medical concerns?
- What short-term interventions might you use in this situation?
- What would you do to meet the needs of specific groups, such as children and non-English speakers?
- How might you begin to connect people with resources for longer-term MH interventions?
- What other resources might you need (e.g., MH brochures, information about SARS, the “Zebra book”), and how might you get them?
- What do you think should be done about the potential MH needs you are noticing in other areas where you are not assigned?
- What might you do to address the concerns of staff?
- What self-care strategies might you use to address your own stress concerns on scene and after the end of your shift?
- What tasks do you need to complete at the end of your shift to ensure continuity of care from the new shift coming in after you?
- Are there other considerations, unique to this situation, that you would like to address?