



To: Bay Area UASI Approval Authority
From: Anne Kronenberg, Chair
Date: February 14, 2013
Re: Item #5: Travel Report on Israeli Resilience Delegation

Recommendations:

Receive and file report.

Action or Discussion Items:

For discussion only.

Discussion/Description:

The National Preparedness Leadership Initiative, from Harvard University brought a delegation of officials from the United States to visit their peers in Israel in January 2013. The delegation addressed issues related to mass casualty events and population resilience. It was hosted and organized by the Emergency and Disaster Management Division of the Israel Ministry of Health.

The best practices and lessons learned from the trip have the potential of helping to inform policy and practice in the United States. Participants in the delegation came from the American Red Cross, the CDC, FEMA, the National Counterterrorism Center, the Nuclear Regulatory Commission, the Office of Personnel Management, San Francisco Department of Emergency Management, the US Army Northern Command and Harvard School of Public Health.

The delegation met with the Ministry of Health, the Homeland Defense Ministry, Community Resilience Centers, the National Trauma Registry and Magen David Adom among others. Insights were shared from Israel's missions to Haiti and Fukushima, Japan as well as recent conflicts. Practice highlights included a toxicological event drill at Assaf Harofeh Hospital, a field medical trading exercise with the Home Front Command and the Israel Trauma Competition.

The delegation had a unique opportunity to engage in frank discussions and learn the challenges of leading a population under threat. The delegation built long-term relationships among the delegates and with our peers in Israel.

Lessons Learned:

- Resiliency is strategic point for Israelis – it is central to culture.
- Education starts in grade school. Providing tools and education empowers youth so they are not afraid.
- Use youth to build resilience in the society.
- Pay attention to principles, not protocols at the scene of a mass casualty event.
- Very important to have a plan in place to distribute patients between hospitals in a mass casualty event – with severe patients directed to trauma centers.
- Direct minor injuries to different areas – NOT hospitals.
- Successful triage is very important in patient distribution.
- Analysis of population demographics and resources key to response.
- Patient tracking key element – take photos of all patients. Share on common hospital system, social workers can help families reconnect with injured and wounded.
- Israel is able to respond quickly, because it is not afraid of legal complications after event. They keep it simple.
- When an attack occurs, the goal is to “normalize” and clean up site within 4 hours so no evidence of attack remains.
- Need to make sure shelters are equipped to take care of the physical and emotional state of the survivors.
- Israel does not want to make public ‘alternate standards of care’ prior to a response, because these are event specific and government officials are not prepared to state that certain casualties (based on severity) would have a lesser priority for resource allocation.
- In the Bay Area, we are doing a lot of things right – our preparedness campaigns are starting to make inroads, we are organizing at the community level. Our political leaders support disaster response activities. We involve private business, nonprofit and faith based communities in preparedness and response. Have a strong financial system in place for tracking disasters. Embrace a philosophy that we want our residents to stay in Bay Area after an event – not leave because they no longer feel safe. We embrace community response and resilience.

Action Items/Follow Up:

- Reach out to school district on enhanced disaster response curriculum. Tie this to key SF events, eg: Loma Prieta, and 1906 Earthquake anniversaries.
- Pull together focus group to explore other ways we can get youth more involved.
- Revisit patient tracking. Perhaps ARC could set up a system that all hospitals would participate in? Big challenges in this area – but the benefits are huge.
- Review triage protocols and plans.
- Explore avenues to begin to pull together population demographics and resources by community.