

Mass Care/Medical Surge/MCI – Joint Working Group

Update for the Senior
Advisory Committee –
January 26, 2009

Our Tasks

- Review the Target Capabilities
- Review the Concept
- Confirm Existing Capability
- Identify Investments (HS, HPP, CDC, Own \$, Other)
- Identify Investment Challenges
- Establish Milestones (1yr, 2yrs, 4yrs)
- Community Outreach/Exercises
- What's Next

Work Group Membership

- Local Fire, EMS, Law Enforcement
- Local Hospital
- VDH District
- VDH HQ
- VEM
- HSU
- VT Assn of Hospitals & Health Systems (VAHHS)
- Agency of Human Services (AHS) & Dept of Aging & Independent Living (DAIL)
- American Red Cross (ARC)
- VT Home Care Assn
- NE Center for Emergency Preparedness
- Commission on National & Community Service

Medical Surge Target Capability - What is it?

- Multiple Scenarios (Pandemic – VT impact, Chemical, Nuclear) including Catastrophic Incidents
- Increased Bed Capacity, Healthcare Staff, Pharmaceutical Cache, PPE & Isolation Capacity
- Secure Redundant Communications & Data Reporting Systems

DESIRED OUTCOME – *rapid expansion of the capacity of the existing healthcare system in response to an event that results in increased need of personnel (clinical and non-clinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities) and logistical support (clinical and non-clinical equipment and supplies)*

Med Surge Target Capability – Types of Facilities

- *Hospital Capacity (within the walls)*
- *Alternate Care Facility (ACF)*
 - *An Existing Facility that Normally does “Medical Stuff”*
 - *Staffed by Hospital Personnel*
 - *Fanny Allen (100Beds) is the Current VT ACF*
- *Acute Care Center (ACC)*
 - *Facility of Opportunity*
 - *Community-Based Staffing*
 - *Two ACC’s (50 Beds ea)/Public Safety District*

Med Surge Target Capability – Who Does What in VT?

- As Defined in the SEOP, State Support Function (SSF) 8 – Health & Medical Services, Has the Primary Responsibility
- Multiple Agencies (Hospitals, Private Entities, Other State Agencies) Provide Support
- Additional Local/Area Support will be needed to Fully Activate Alternate Care Centers

Med Surge Target Capability – Investments (Previously Made)

- Hospital Capability to Achieve +30%
- Hospital Decontamination Capability
- Pharmaceutical Cache(s) & PPE
- MMRS Strike Team & So. VT MRC
- Fanny Allen
- Exercise Development & Conduct
- Communications (RACES & Nextel)

Med Surge Target Capability – Investments (To Be Made)

- ACF & ACC Logistical (Medical & Non-Medical) Support
- Additional PPE
- Data Reporting System Improvement
- Staff Identification & Recruiting
- Exercise Development & Conduct
- Policy Development & Plan Adjustment

Mass Care Target Capability - What is it?

- Multiple Scenarios including Catastrophic Incidents
- Sheltering, Feeding & Related Services (Basic First Aid, Bulk Distribution of Needed Supplies, etc.)
- Services to Disaster Impacted General Population, "Special Needs" Population & Domestic Animals

DESIRED OUTCOME – Rapid Provision of Mass Care Services for the affected Population, Services for Special Needs Populations & Services for Animals within the Affected Area

Mass Care Target Capability – Types of Congregate Care Facilities

- *Evacuation Center (Shelter or Level I)*
- *General Population Congregate Care Facility (Shelter or Level II)*
 - *May operate up to 30 days*
 - *Only accommodates Service Animals*
 - *May accommodate “special needs” individuals who have been screened*
- *Special Needs Temporary Medical Infirmary (Special Needs Shelter or Level III)*
 - *those with significant health care needs*
 - *those who have need of a care giver on a reasonably consistent basis*
 - *those who need medical treatment and/or medical monitoring*
- *Emergency Temporary Relocation of an Acute and/or Chronic Care Medical Facility (sometimes called Level IV)*

Mass Care Target Capability – Who Does What in VT?

- As Defined in the SEOP, Multiple State Support Functions Have Shared Responsibility
 - SSF6 – Mass Care (General Population)
 - SSF8 – Health & Medical Services (Special Needs)
 - SSF11 – Agriculture & Natural Resources (Animals)
- American Red Cross is the Primary Shelter Provider for the General Population (Chapter Plans + Reach Back to Regional & National Resources)
- SSF11 is supported by Non-Governmental Organizations (NGO's) in handling Domestic Animals

Mass Care Target Capability – Investments (Previously Made)

- Auxiliary Power Capability for Regional Shelter Facilities
- Mobile General Population Shelter Trailers & Supplies
- Conduct of Animal Rescue Team Training
- Ongoing Red Cross & CERT Shelter Training
- Exercise Development & Conduct

Mass Care Target Capability – Investments (To Be Made)

- Additional Auxiliary Power Capability for Regional Shelter Facilities
- Additional Mobile General Population Shelter Trailers & Supplies
- Community Outreach
- Staff Identification & Recruiting
- Conduct of Animal Rescue Team Training
- Ongoing Red Cross & CERT Shelter Training
- Exercise Development & Conduct

Mass Care Target Capability

- Where are we now? (General Population)

- Current State-wide Capacity (311 shelters- 41k+, 41 w/aux power, 16 shelter kits, ~3000 blankets, 1200+ cots)
- Staffing would be a Challenge in an Extended Incident
- Agreements (Verbal & Written) in place for Food
- Response Time - 1- 6 Hours

Mass Care Target Capability – Where are we now? (Special Needs)

- Regional Approach for Multiple Types of Facilities including Shelters, Alternate Care Facilities & Acute Care Centers
- Initial Steps (Concept) – Special Needs Population to be Accommodated by Hospital & Home Health Care Facilities Surge Capacity
- Current State-wide Capacity (limited and would make use of existing General Population capacity)
- Definitions & Transfer/Transportation are & would be Challenges
- Concept has not been fully discussed with Hospitals & Home Care Facilities

Mass Care Target Capability – Where are we now? (Pets)

- Regional Approach for Multiple Types of Facilities including Shelters, Alternate Care Facilities & Acute Care Centers
- Initial Steps – Expand Existing Local Capability
- Current State-wide Capacity (1 Disaster Animal Rescue Team in Rutland County & 1 DART forming in Washington County – there are an estimated 176k dogs, 200k cats & 30k birds in VT)
- Need Support of Vets & Volunteer Cadre
- Limited Equipment on-hand

Med Surge/Mass Care Target/MCI Capability – The Strategy/The System

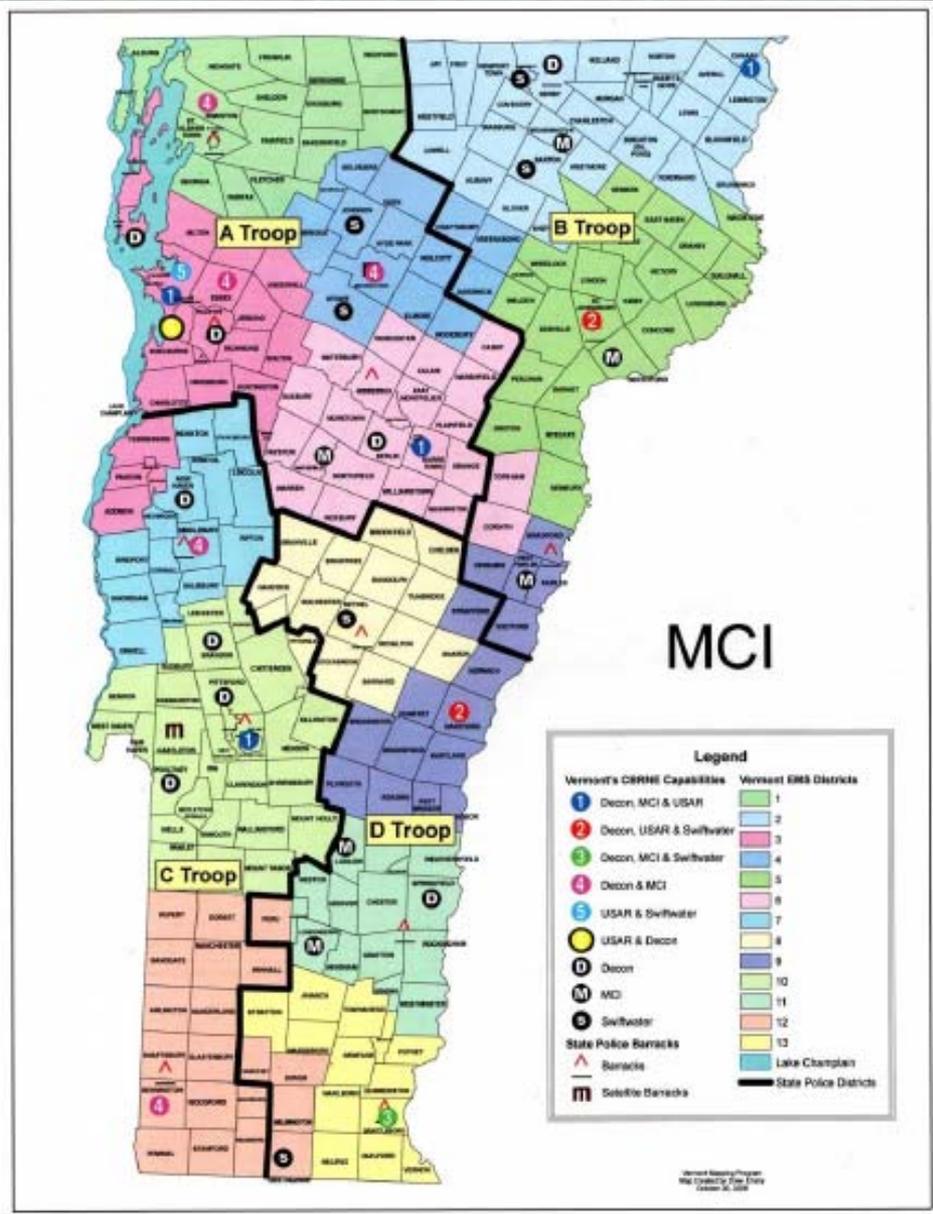
- Regional Approach for Multiple Types of Facilities including Shelters (also pets) & Acute Care Centers
- Initial Steps
 - Sustain Hospital Capability to Achieve +30%
 - Define the Capability of Nursing Homes & Assisting Living Facilities to accept Hospital Transfers
 - Sustain Fanny Allen Capability as an ACF (100 beds)
 - Identify & Support Two Large (> 250) General Population Shelter Facilities/Public Safety District (Pet Care On-site or Proximate)
 - The Regional Shelter Facilities should have the Capability to House an ACC that will accommodate up to 50 Patients

Med Surge/Mass Care Target Capability – The Strategy/The System (cont)

- Regional Community-based Med Surge/Mass Care Facilities should have a Logistical Connection to a Proximate Hospital but not necessarily a Medical Oversight Connection
- Regional Facilities have Multiple Uses and may Share Non-Medical Support Staff
- Through Outreach, Identify Community-based Resources to Support Regional Facilities (Staff, Medical Oversight, Equipment Storage & Maintenance)

Med Surge/Mass Care Target Capability – Regional Facilities

- *Public Safety District A*
 - *Barre Auditorium*
 - *St Alban's Town Education Center*
 - *Champlain Valley Union?*
- *Public Safety District B*
 - *IROC?*
 - *St. Johnsbury Academy ?*
- *Public Safety District C*
 - *Rutland High School/Stafford Technical Center*
 - *Middlebury College ?*
 - *Bennington Middle School ?*
- *Public Safety District D*
 - *Hartford High School*
 - *RERP facility ?*



Med Surge/Mass Care Target/MCI Capability – Challenges

- We'll probably be on our own for longer than 72hrs
- Defining " Altered Standards of Care"
- We have not had to deal with a recent Catastrophic Incident
- All Inclusive Strategy & Implementation Timeline
- ACC Medical Oversight
- Patient Transfer/Triage System
- Critical Access Hospital Guidelines (some progress)
- Personnel, Equipment & Transportation Resource Shortfalls Previously Noted
- Coordination w/Hospitals & Home Health Care Agencies
- Exercise involvement (scenarios need to include these elements of an incident)

Med Surge/Mass Care Target Capabilities – Compatibility with National Priorities

- *Implement NIMS & NRP* – Participation in ongoing NIMS/ICS Training; Continued Development of SSF6, 8 & 11 annexes of the SEOP consistent with the Needs of Vermonters & the Evolution of the NRF
- *Expanded Regional Collaboration* – Regional w/i the State through the Regional Facilities Work Group & the SSF6 & 8 Annex Review Group; Regional w/i New England & Northeast through involvement w/FEMA, HHS, ARC Service Area Planning Activities
- *Implement the National Infrastructure Protection Program* – Regional Facilities identified may be considered part of the State Level Program

Med Surge/Mass Care/- Implementation Options

- Goal – 8 Regional Mass Care/Medical Surge Facilities (2/PSD)
- Year 1 – 2 fully capable facilities (Trp A), Year 2 – 2 more fully capable facilities, year 3 – 2 more, year 4 – 2 more
- Fully Capable = min 250 general population capacity for 30 days, max 50 med surge (incl “special needs”) for 5 days, pet shelter capability
- Equip in Year 1, Exercise in Year 2
- Implied Volunteer Recruitment & Training in Year 1 & 2
- Multiple Variants of the above “strawman”

Med Surge/Mass Care – What's Next?

- Identify Remaining Facilities
- Confirm Strategy & Investments (Current & Future)
- Spread the Word to Partners
- Outreach to LEPC's & Local Jurisdictions
- Outline Training & Exercise Schedule
- Measure Progress

Target Capabilities Review

– Med Surge/Mass Care

- *DESIRED OUTCOME (Medical Surge) – Rapid Expansion of the Capacity of the existing Healthcare System in Response to an Event that Results in Increased Need of Personnel (clinical and non-clinical), Support Functions (laboratories and radiological), Physical Space (beds, alternate care facilities) and Logistical Support (clinical and non-clinical equipment and supplies)*
- *DESIRED OUTCOME (Mass Care) – Rapid Provision of Mass Care Services for the affected Population, Services for Special Needs Populations & Services for Animals within the Affected Area*