

Emergency Medical Services & Hospital System Pandemic Influenza- Facing The Facts



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State EMS Medical Director
MIEMSS



Impact

EMS and Hospital Based Care

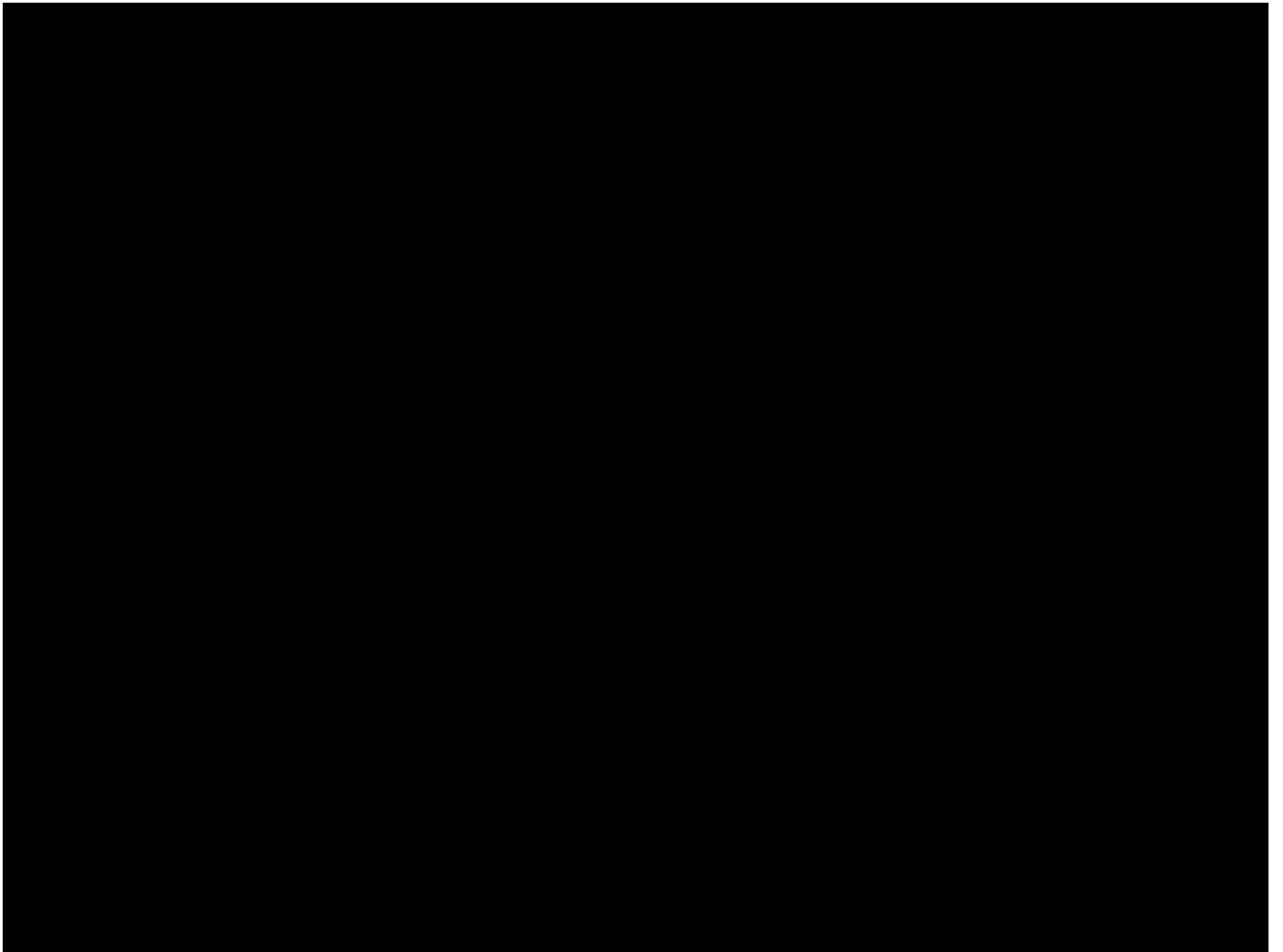
- **Surge of patients into the 911, Emergency Departments and dependant on virulence of influenza significant admissions to inpatient hospitals.**



Impact

- **Loss in work force personnel from illness, managing family members who are ill or fear of a lethal influenza strain.**
- **Degrading of the health care system as personnel and resources become scarce and inevitable shifting to home health care (or limited alternate care) rather than in hospital care.**





Adequate Respiratory Protection



Time Sensitive Training

- **Just in time training augmentation of the existing Vaccination and Testing program to allow EMS providers to administer vaccines and medications in support of the Public Health and EMS services in a declared mass casualty / public health crisis.**



Reduce The Risk Of Health Care Exposure

- **Implementation of more significant PPE (N-95 masks, face shields, gloves and gowns)**
- **EMS protocols would change: most notably the use of nebulized/aerosolized medications would stop and injectable medications when appropriate would replace this treatment.**

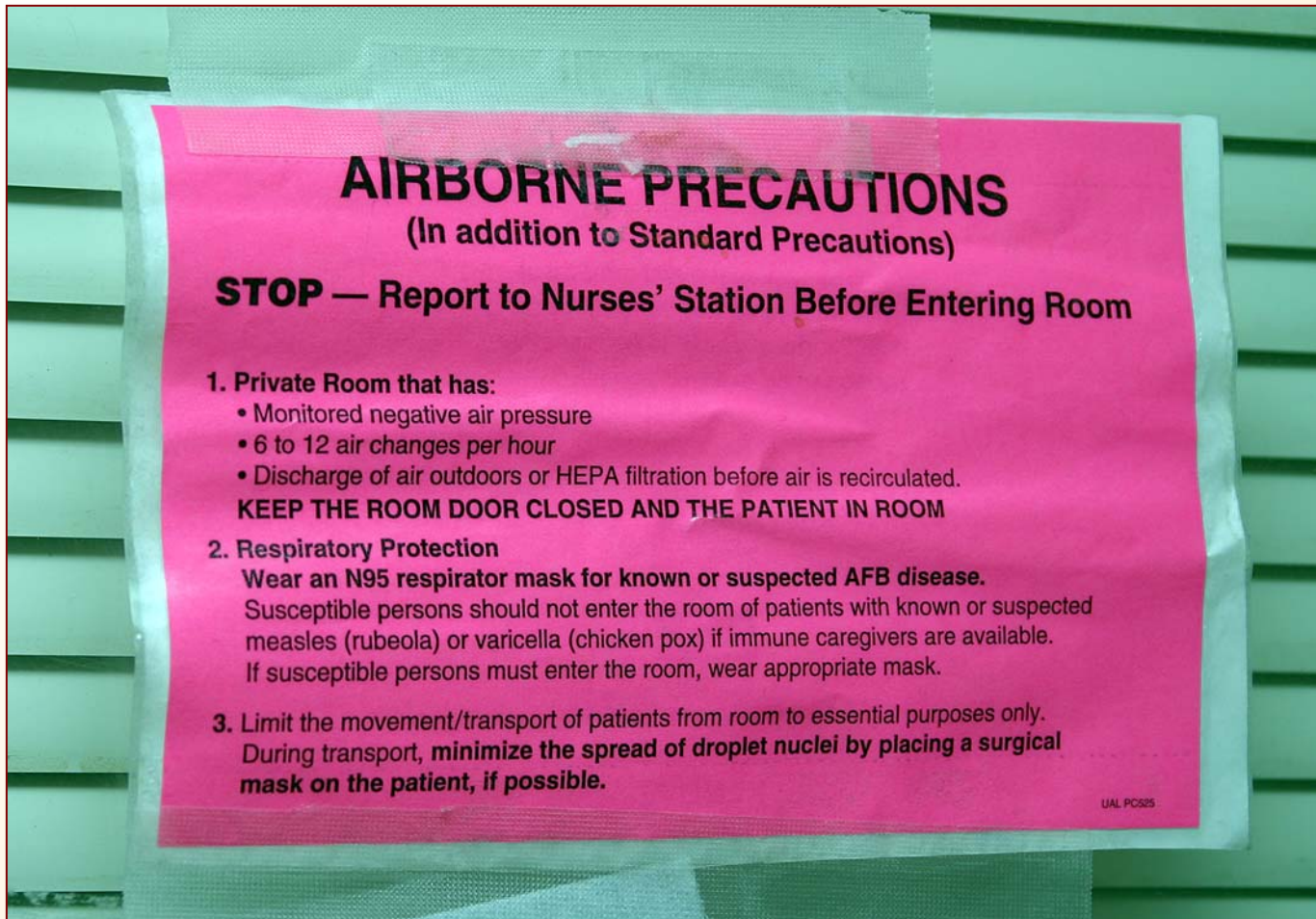


Reduce The Risk Of Health Care Exposure

- **Health Care Providers with signs or symptoms of influenza would be screened and sent home**
- **Health “Risk Communications” to the public**



Health Communications



Department of Health and Mental Hygiene
Georges C. Benjamin, M.D., Secretary

Community Health Administration
Richard W. Stringer, Acting Director



MEMORANDUM

Date: October 12, 2001

To: Health Officers
CD Directors

From: Julie Casani, MD, MPH Ross Brechner, MD, MS, MPH
Bioterrorism Preparedness Coordinator State Epidemiologist

Re: Guidance Pertaining to NYC Anthrax Situation

Information about the Rockefeller Plaza employee with anthrax -- provided by the New York City Department of Health -- is attached.

The NYC DOH and CDC have determined that a small group of individuals were potentially exposed to anthrax at 30 Rockefeller Plaza, and should therefore be tested and offered prophylactic antibiotics.

The **ONLY** individuals for whom such testing/prophylaxis is recommended are people who spent time on the 3rd floor, 7th floor, or mailroom of 30 Rockefeller Plaza at any time on either September 18 or September 25.



FRED

- **Maryland's Facility Resource Emergency Database (FRED), and National Health Alert Network (HAN) will reach down to the individual institutions, all Public Health, EMS, and Hospital based health care providers.**
 - **Standardization of treatment regimen**
 - **Collecting resource information**

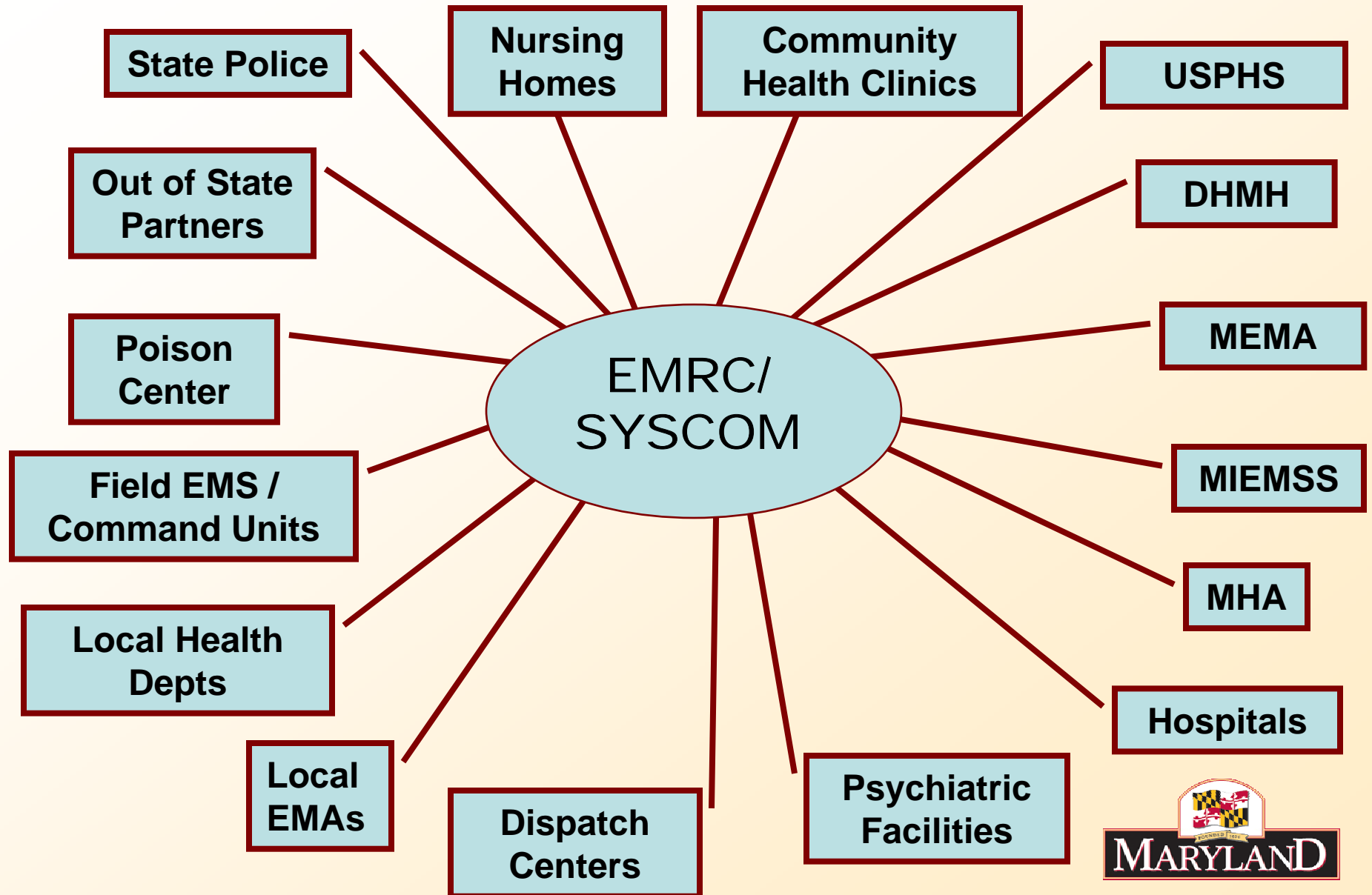


FRED

- **FRED is a 24/7 operational tool which is used for critical notification and cataloging of resources, needs, and infectious cases**
- **FRED also is the mechanism for distribution of case definitions with specific laboratory recommendations, reporting requirements, and optimum treatment regimens**



FRED Access Rights



Resource Management

- **Mitigation and Management**
 - **Inventory registries specially access to antibiotics, antivirals and vaccines**
 - **Training**
 - **Surge Management**
 - **Isolation**
 - **Volunteer Management**



GEMAC

The Governor's Emergency Management Advisory Council has the Health and Medical Subcommittee which has established 14 Technical Advisory Groups made of system and specialty experts and representation from the impacted business and health care professions.

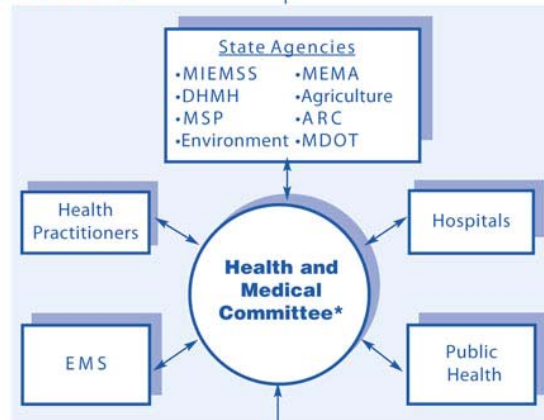


GEMAC: Health and Medical Committee

Strategic Planning



Operational Planning



Technical Advisory Groups

- Planning
- Decontamination
- Isolation/Quarantine
- Law Enforcement
- Other Ad Hoc Issues
- Operations
- Personal Protection Equipment
- PIO
- Strategic National Stockpile
- Communications
- Surge Capacity
- Training and Exercises
- Volunteer Corps
- Triage and Tracking



Technical Advisory Groups

1. Communications
2. Decontamination
3. Isolation and Quarantine
4. Law Enforcement
5. Operations
6. Personal Protective Equipment
7. Planning
8. Public Information Officers
9. Strategic national Stockpile
10. Surge Capacity
11. Triage and Tracking
12. Training and Exercise
13. Volunteer Corp
14. Ad Hoc support



Technical Advisory Groups

- **The State designated TAG concept reduces the silo effects of parallel processes and redundancy of effort that all too often happens in planning and in real world responses**
- **This also allows distribution of Best practices such as the Maryland Health and Medical WMD Response Plan**



**Johns Hopkins
Office of Critical Event
Preparedness and Response**

James Scheulen

Executive Director CEPAR

February 2006



Pandemic Planning Groups

- ***Patient Care Group***
 - System Integration: Inpatient and Outpatient Care
- ***City and State Integration***
 - Health System Integration with DHMH/BCHD
- ***Communication and Education***
 - Employees, Families, Other
- ***Travel***
 - Travel Guidelines and Screening
- ***Human Resources***
 - Personnel Issues
- ***Legal***
 - Risk, Liability and Regulatory
- ***Ethics***
 - Treatment Decisions, Utilization of Resources



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Summary

- **Federal Guidance**
- **Governor's Commitment to State Preparedness**
- **Integration with Critical Infrastructure**
- **Scenario based planning**
- **Gap analysis**
- **Critical Medical Risk Communication**



**Essential Next Step:
Your Critical Participation
In The On Going
Preparedness Process**

