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

Richard L. Alcorta, MD, FACEP
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 workforce 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.
AIRBORNE PRECAUTIONS
(In addition to Standard Precautions)

STOP — Report to Nurses’ Station Before Entering Room

1. Private Room that has:
   • Monitored negative air pressure
   • 6 to 12 air changes per hour
   • Discharge of air outdoors or HEPA filtration before air is recirculated.

KEEP THE ROOM DOOR CLOSED AND THE PATIENT IN ROOM

2. Respiratory Protection
   Wear an N95 respirator mask for known or suspected AFB disease.
   Susceptible persons should not enter the room of patients with known or suspected
   measles (rubeola) or varicella (chicken pox) if immune caregivers are available.
   If susceptible persons must enter the room, wear appropriate mask.

3. Limit the movement/transport of patients from room to essential purposes only.
   During transport, minimize the spread of droplet nuclei by placing a surgical
   mask on the patient, if possible.
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.
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

- State Police
- Out of State Partners
- Poison Center
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
- Dispatch Centers
- Community Health Clinics
- Psychiatric Facilities
- USPHS
- DHMH
- MEMA
- MIEMSS
- MHA
- Hospitals
- Community Health Clinics
- Field EMS / Command Units
- Local Health Depts
- Local EMAs
- Nursing Homes
Resource Management

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

Executive Committee
(IDMH and MIESSS)

Operational Planning

State Agencies
- MIESSS
- MEMA
- DHMH
- Agriculture
- MSP
- ARC
- Environment
- MDO

Health Practitioners

Hospitals

Public Health

EMS

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
- **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
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
Pandemic Planning Groups

- Travel
  - Travel Guidelines and Screening
- Human Resources
  - Personnel Issues
- Legal
  - Risk, Liability and Regulatory
- Ethics
  - Treatment Decisions, Utilization of Resources
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