



Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

Massachusetts Department of Public Health

Massachusetts Preparations for Hurricane Relief Efforts



JANUARY 2018

2017 Atlantic Hurricane Season



Public Health & Healthcare Response

- 8 Mutual Aid Requests
 - Florida
 - US Virgin Islands
 - Puerto Rico
- 2 Teams Deployed
 - Beth Israel Deaconess
 - Massachusetts General Hospital



MGH Response to Puerto Rico

Overview

- Review of PR request
- Mobilization of MGH team
- Collaboration with MDPH and MEMA
- Mission review
- Lessons



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EMAC



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- *Emergency Management Assistance Compact*
- National system for interstate mutual aid
 - Ratified by U.S. Congress (PL 104-321) and is law in all 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands.
 - Adopted by Massachusetts in Chapter 339 of the Acts of 2000
- Allows states to make "... prompt, full, and effective utilization of resources of the participating states, including any resources on hand ... or any other source, that are essential to the safety, care, and welfare of the people in the event of any emergency or disaster declared by a party state."
 - Provides protections to agents of the state under state law.

PR EMAC Request

- “Provision of medical care to the general population of Puerto Rico, operating out of Medical Shelters, Base of Operations Tents, or the USNS Comfort.
- Operations will be conducted under austere conditions with patients who have complicated medical requirements or numerous medical comorbidities.
- Teams will be required to bring hand carried medical equipment (stethoscopes, etc.) and basic PPE (gloves, masks, etc.).
- This mission is for 4 weeks, however, this mission is designed to be split into two two week deployments for two teams.”

PR EMAC Request

- “23 x MDs with experience working in austere conditions, in the fields of Emergency Medicine, Obstetrics, Primary Care, Family Practice, Pediatrics, Geriatrics, Internal Medicine.
- 37 x Registered Nurses with experience working in austere conditions, in the fields of Emergency Medicine, Obstetrics, Pediatrics, Geriatrics.
- 5 x LPNs or CNAs.
- 10 x EMTs/Paramedics.
- 1 x Pharmacist.”

Mobilization of the MGH Team

- 26 members
 - 15 nurses (primary care, emergency medicine, OB-Gyn, med-surg, palliative care, pediatrics, orthopedics, critical care)
 - 5 MD's (emergency medicine, primary care, OB, neuro-oncology)
 - 4 NPs (primary care, critical care, orthopedics, pediatrics)
 - 1 PA (emergency medicine)
 - 1 logistics/security staff member



Coordination with MDPH and MEMA



- MDPH extremely supportive and helpful to share lessons from prior EMAC request (Hurricane Irma)
- MEMA very helpful in preparing mission bid documents, budget, other logistics
- Both MDPH and MEMA remained engaged and supportive throughout the mission

Mission Review

- Approximately 4 days prior to departure, MGH was notified that mission would be to staff a Federal Medical Shelter (FMS) in Ponce
- Team arrived in San Juan on 11/25 and travelled to Ponce
 - Leadership team met 11/26 with US Public Health Service (USPHS) Rapid Deployment Force team on-site

Mission Review

- FMS

- Located in a large sports stadium
- Had been in operation since the storm for approximately 2 months
- 33 patients/residents
 - 7 oxygen-dependent
 - 2 “hospice”
 - 6 full-assistance
 - Diabetes, heart disease, dementia, mobility, fall, and other issues



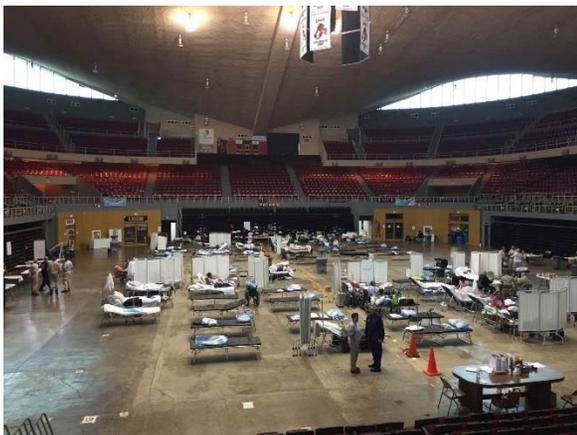
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Total Population 44		Staff Administration	
Current	Cumulative	AM	PM
Adult Pt 31	50	0	0
Conger 13	20	0	0
Pediatric Pt 0	1	0	0
Total Pts 31		Shift Discharge	
Beds Available (excl. in use)		AM	PM
Basic (117)	Total 181	0	0
Pediatric	4	0	0
Crib	23	0	0
Matr	2	0	0
High Acuity Level @ 1830		Transfers	
Red	6	20	
Med	15	Hospitalization & return	
Low	10	2	

Mission Review

- USPHS RDF team notified them that they were leaving the site on Tuesday, 11/28
- Multiple initial questions:
 - Pharmacy and all medications may need to be removed
 - Similar issues relating to durable medical goods
 - Uncertainty surrounding wrap-around service contracts



Mission Review

- Mid-mission, the security contract for the facility expired
 - Required rapid cooperation and problem solving with MDPH and MEMA, as well as with numerous other partners
- By the end of the mission, all 33 patients had been transferred to more permanent sites of care
 - One patient was medically evacuated to MGH

Key Lessons

- This mission required enormous flexibility and effort to adapt to rapidly changing parameters
- Team leadership with experience in prior disaster deployments was essential
 - Experience with the US National Disaster Medical System (NDMS) was also absolutely necessary
 - There is very little guidance in place for this kind of transition from federal to state assets
 - Support and coordination for the team from home was nearly a full-time job for multiple people
 - Effective partnership with MDPH and MEMA helped to mitigate some of the challenges

Key Lessons

- For an undifferentiated mission, teams must have a broad clinical and operational skill set
 - EMS personnel would have been helpful
 - A pharmacist should generally be included if at all possible
 - The logistics section of the team should be robust
- Similarly, teams must have an experienced base from which to operate
 - Problem solving requires the ability to effectively work with local, state, federal, and other partners to address complex challenges
 - There is substantial administrative burden on the sending facility before, during, and after the deployment

6 O'Clock

6 O'Clock is not just a time. It is a position of tactics. It is your blind spot. You can't see a threat and you can't defend against one. It is the position of greatest vulnerability. It is also the position of great trust because you must rely on someone else to "cover your 6." It makes for a special relationship when you do so.

Earlier this year, I wasn't just scared I was going to die. I was deeply sad because I was convinced of it. And then the MGH team stepped in. Just before I went into surgery, a nurse told me I was going to be ok. The conviction in her voice was compelling, and for the first time I thought I was going to make it. She and the MGH team "had my 6."

I was deeply honored to stand watch over your makeshift hospital the other night, and perhaps demonstrate that relationship works both ways.

In May, you all had my 6. I hope you know I've got yours.

With deepest respect,
Chris Decker
Trooper First Class - NHSP



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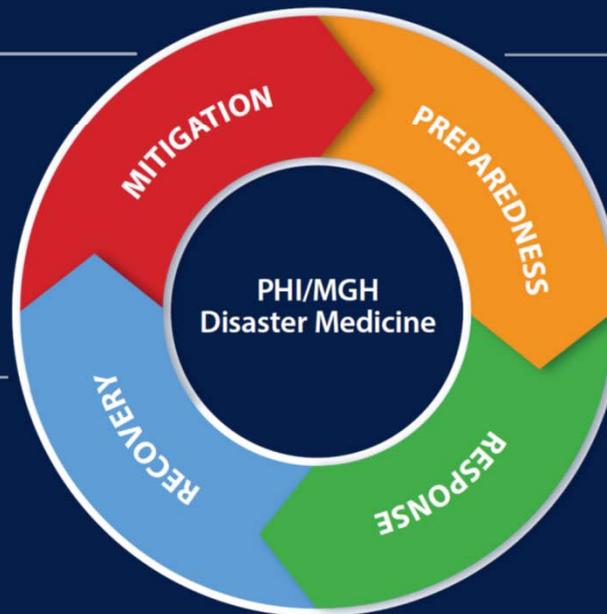
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Thank you



Working together at every stage of the disaster lifecycle.



- Hazard vulnerability assessment
- Impact / Risk analysis
- Emergency operations center design
- Multi-year training and exercise plan

- Incident debrief and critical review
- After action reporting
- Improvement planning
- Implement corrective actions

- Comprehensive emergency management plan (CEMP) development
- Incident management team organization
- Personnel training and capacity building
- Conduct annual training and exercise workshop

- Incident command systems implementation
- Job action sheet development
- Resource management / sharing
- Conduct exercises