

Lessons Learned

The Value of ICS Emergency Preparedness/Response



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Background

- A WMD incident, by its potential size and scope, presents a more significant problem for primary and emergency care providers.
- Medical response planning needs to occur at the facility/network level, but as planning process evolves, it will be necessary to integrate planning with local, county, regional and multi-regional levels. ICS will facilitate this process
- Planning process must recognize that biological incidents are sufficiently different as to warrant an extended and enhanced planning effort that focuses on the unique problems presented.

The Charge



- Local Public Health and the healthcare sector must develop plans to respond to bio-terrorist incidents.
- Leadership for the planning process must emerge at the local/regional level if comprehensive planning is to occur.
- Regional Health Offices must develop response plans that interface with local planning efforts.
- ICS requirements.

General Points

- What are your lines of communications with Public Health - local, regional, central office?
- Consider a structure for planning and preparedness for BT events, or any large-scale medical outbreak (all hazards) at the regional level
- Although every hospital has its (required) disaster plan, a large-scale outbreak will make it necessary for hospitals to be subject to some outside coordination

General Points

- Certain terrorist event may cause a hospital to close, or restrict its activities.
- Do mutual aid plans or agreements exist between hospitals within a system. What about hospitals outside of systems
- When is is time to request federal assistance...Medical Disaster Assistance Teams including mobile hospitals

Lessons Learned

- Plans need to be reviewed on a regular basis to insure facility can respond to a variety of emergencies
- Public Health providing real time information on clinical signs / treatment options
- Incident Command System training is necessary for all staff and critical for internal operations.
- Same level of preparedness for all hospitals.
- Scalable response to disasters - dependent on sharing information between facilities.

Lessons Learned



- Realistic drills and exercises with other agencies (health, emergency management, fire, police, news media.)
- Increased integration of hospital emergency response plans with those of the community - sharing the load
- Self - sufficiency for 72 hours
- Media Management / Public Perception

Lessons Learned



- Transfer of patients - within system fairly easy, outside of system very difficult.
- Hospitals must coordinate with a disaster family / victim assistance centers and may become deluged with phone calls.
- Space constraints - isolation precautions.

Lessons Learned

- Clear, Concise and Dependable Communications: internal and external
- Documentation: evaluation and finance.
- Hospitals will get calls from the public in instances of suspected or actual bioterrorism - they need to part of the information loop.