

Mississippi ESF-8

Jim Craig, ESF-8
Emergency Coordinating Officer



- Mississippi Comprehensive Emergency Management Plan**
- **ESF-1 (Transportation)**
 - Medical Transportation
 - EMS Support to Contraflow
 - **ESF-3 (Public Works)**
 - Public Water
 - Onsite Individual Wastewater

- Mississippi Comprehensive Emergency Management Plan**
- **ESF-5 (Emergency Management)**
 - Governor’s SERT (State Emergency Response Team)
 - Incident Management (Health/Medical)
 - **ESF- 6 (Mass Care)**
 - Special Medical Needs Sheltering
 - Support General Population Shelters

- Mississippi Comprehensive Emergency Management Plan**
- **ESF-8 (Health/Medical)**
 - Coordinating Agency
 - Emergency Treatment and Prevention
 - Inspection of food and potable water
 - Sewage and wastewater disposal

- Mississippi Comprehensive Emergency Management Plan**
- **Emergency Mortuary Service**
 - **Patient rehabilitation**
 - **Vector and disease control**
 - **Restoration of health and medical infrastructure**
 - **Support Local health/medical requests**

Mississippi Comprehensive Emergency Management Plan

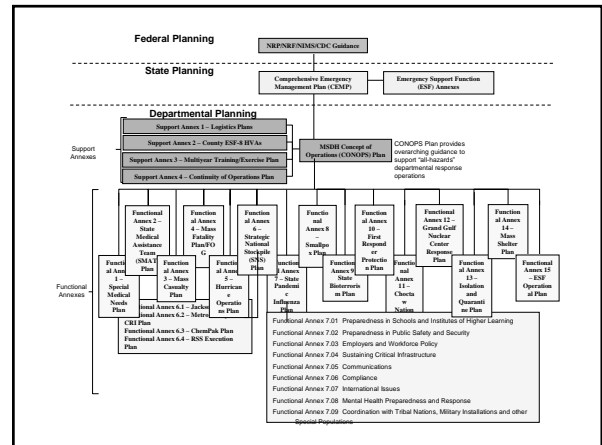
- ESF-10 (Oil and HAZMAT Response)
 - Support for Health affects
 - Staffing support through ERC’s
- ESF-11 (Animals, Ag and Natural Resources)
 - Support teams while in PPE
 - Surveillance support

Mississippi Comprehensive Emergency Management Plan

- ESF-14 (Long Term Recovery)
 - Coordinate all long-term health and medical requirements to include:
 - EMS
 - Special Medical Needs Sheltering

Mississippi Comprehensive Emergency Management Plan

- Credentialing of all Healthcare Personnel
- ESF-15 (External Affairs)
 - Support JIC



Mississippi WMD Centers of Excellence

Delta T.C.R.
Delta Regional MC
Greenwood/Leflore Hospital

Central T.C.R.
University Medical Center
Mississippi Baptist MC

Southwest T.C.R.
Natchez Regional MC
Southwest MS Regional MC
King's Daughters MC
Field Memorial

North T.C.R.
North MS Medical Center
Baptist Memorial Golden Triangle

East Central T.C.R.
Jeff Anderson Regional MC
Rush Medical Foundation
Riley Memorial Hospital

Southeast T.C.R.
Forrest General Hospital
South Central Regional MC

Coastal T.C.R.
Singing River Hospital
Memorial Hospital Gulfport

Mississippi State Department of Health - Office of Emergency Planning and Response

WMD Supportive Centers

Baptist Memorial-Oxford

Baptist Memorial-Desoto

River Region

Franklin County Memorial

Gilmore Memorial

Oktibbeha County

Clay County Medical Center

Choctaw Health Center

Marion General

Hancock Memorial Garden Park

WMD Centers of Excellence

- Surge Capacity of 500 patients per region
- Stockpile medications to handle 500 patients per region
- Standardized Protective Clothing
- Standardized Communications
- Standardized Training

Stockpile Medications

- Ciprofloxacin (Tablet and Suspension)
- Doxycycline (Tablet and Suspension)
- Pralidoxime Chloride (2 PAM)
- Atropine Sulfate
- Diazepam or Lorazepam



Standard Protective Clothing



- Tyvek
 - Jumpsuit with hood
 - Two Piece
 - Gloves
 - Boots
- N95 or N100 mask

Standard Protective Clothing



- CPF – 3
 - Jumpsuit
 - Two Piece
 - Gloves
 - Boots
- FR-3 (PAPR)
 - Pressurized Respirator

Standardized Communications

- Health Alert Network
- Blast Fax
- MS Hear Network
- Non-Terrestrial Communications
 - With every hospital
 - Connects to MSDH
 - Connects to MEMA
 - Other State Agencies
- HAM Radio

Isolation Capacity

- 2 negative pressure machines for WMD Centers
- 1 negative pressure machine for all other hospitals
- can typically provide above 12 air changes per hour in rooms up to 2,500 cubic feet

Contract for Dedicated Ambulances

- Contracts to provide, at minimum, one ambulance provider per trauma region
- Will be utilized in time of emergency, as needed by MEMA and the State EOC

56 Additional Ambulances Available

State ESF-8

- Will provide support for Health/Medical at the SEOC consistent with MEMA's operating period
- Will provide a support cell at MDH to support SEOC ESF-8 operations
- Will provide MSDH (ESF-8) liaison to any operating county EOC on request

Evacuation Orders

- Local EMA's including county and local governments will issue evacuation orders
- ESF-8 will ensure communication of evacuation orders to health care facilities and provide technical assistance and guidance
- ESF-8 will support local EOC requests for assistance

Special Medical Needs Population

- Special Medical Needs patients are defined as people who reside in non-institutional settings and have
 - Poor health
 - Severe disabilities
 - Mental, emotional or cognitive condition that interferes with everyday activities

Being Prepared

- In the event of a disaster requiring evacuation, patients with special medical needs will be encouraged to make plans to leave the disaster area and relocate a safe distance from the potential disaster site

Being Prepared

- Hospitals, nursing homes, personal care homes, assisted living facilities, and hospice facilities in risk areas should have disaster/emergency plans in place that provide for the relocation of patients to appropriate host facilities away from the disaster area

Evacuation

- The local Emergency Medical Services (EMS) authority through the local emergency management agencies (EMA) will coordinate evacuation of those patients who cannot be safely transported by means other than ambulance
- Patients will be triaged and transported

Evacuation

- The transportation destinations will be limited by resources available, access/egress routes, and other environmental conditions
- EMS will not deplete resources within the local risk area to transport patients long distances outside of the potential disaster area

Different Patients, Different Needs

- Those patients that remain in the risk area should be evacuated and sheltered in destinations according to their medical conditions
- These are grouped by categories....

Categories

- Category "A" Hospital Admit
- Category "A" Hospital Shelter
- Category "B"
- Category "C"
- Category "D"

Category "A" Hospital Admit Patients

- Category "A" Hospital Admit Patients have serious physical and/or medical conditions
- If they are evacuated in an emergency, their condition could deteriorate and become life threatening unless they receive hospital care as admit patients

Category "A" Hospital Shelter Patients

- Category "A" Hospital Shelter Patients should be sheltered in a hospital type setting so they may be admitted immediately should that need arise

**Category “A”:
Hospital Shelter Patients
Requiring Hospitalization**

- Sheltered at the nearest civilian hospital that is capable of taking care of their needs
- Require recurring professional medical care, special equipment, and/or continual medical surveillance and must be considered for admission into a hospital

Category “B” Patients

- Category “B” patients’ conditions are less serious and less likely to undergo a severe deterioration if the patients are placed in Special Medical Needs or conventional shelters

**Category “B”:
Patients Requiring Special
Medical Needs Shelters**

- These individuals should be evacuated to a Special Medical Needs Shelter
- They require some medical surveillance and/or special assistance

**Category “B”:
Patients Requiring Special
Medical Needs Shelters**

- Should be assigned to a special medical needs shelter if staffing, equipment, power sources, and supplies are available
- If a caregiver is needed, the caregiver from the home must accompany the patient and stay with the person at the shelter

**Category “C”:
Patients Requiring
General Population**

- These individuals will be sheltered in the nearest available Red Cross General Population Disaster Shelter
- These persons include those who are independent prior to disaster or special emergency

**Category “C”:
Patients Requiring
General Population**

- May have pre-existing health problems that do not impede activities of daily living
- Needs of individuals in this category should not exceed the basic first aid capabilities of a Red Cross Shelter

**Category “D”:
Patients Who Will
Evacuate the Area**

- Made plans and intend to evacuate to a safe location away from the potential disaster area
- Have one or more of the conditions listed in Categories A, B, or C but they will not require any special shelter assistance since they have arranged to relocate

**Category “D”:
Patients Who Will
Evacuate the Area**

- Should make their own transportation arrangements since local EMS transportation will be needed to remain in the local potential disaster area

**Category “D”:
Patients Who Will
Evacuate the Area**

- Patients requiring hospitalization should have physician orders for admission at host facilities. Caregiver should pre-arrange hospital acceptance

**Types of Special Medical
Needs Shelters**

- Local
 - Under authority of local EMA to operate and coordinate
- Regional
 - Under authority of State ESF-8 to operate and coordinate in support of Mississippians in temporary housing with special medical needs

**Types of Special Medical
Needs Shelters**

- State
 - Under authority of State ESF-8 to operate and coordinate in support of evacuating Mississippians with special medical needs

**Special Medical Needs
Shelter Requirements**

1. Facility should have a generator capable of providing power for evacuees and staff needs including commissary
2. Must have an adequate kitchen area or plan for providing food for special medical needs evacuees

Special Medical Needs Shelter Requirements

3. Must have enough Handicapped restrooms to accommodate
4. Handicapped capabilities
5. Climate control if applicable

Regional Special Medical Needs Shelters

- Agreement between Community Colleges and MSDH
- Will eventually include most campuses in MS

Regional Special Medical Needs Shelters

- Community Colleges chosen because
 - Security
 - Food Service
 - Known Locations
 - Many on separate water system
 - Allied health or nursing programs

Regional Special Medical Needs Shelters

- Community Colleges upon receiving a MA through MEMA will provide pre-determined building(s) that meet criteria and assist with management and staffing

Regional Special Medical Needs Shelters

- Resident and one family member or caregiver
- Onsite MD, along with RNs, and/or LPNs and/or EMTs to assist with medical needs
- Maximum patient load varies by location but most house 100-300 patients plus accommodations for staff

Special Medical Needs Shelters

- Shelters are temporary, emergency-type facilities capable of providing special/supervised housing to individuals whose physical or mental condition (non-violent) exceeds the Red Cross Disaster Health Services level of capability for basic first aid in emergency/disaster shelters but is not severe enough to require hospitalization

Special Medical Needs Shelters

- Intended to provide a safe environment for those requiring limited medical assistance or surveillance due to a pre-existing health problem
- Not intended to serve as skilled health care facilities

Special Medical Needs Shelters

- Shelters are noisy, crowded and have few comforts
- Patients should plan ahead to stay with friends, relatives or other caregivers out of the area rather than a shelter

Special Medical Needs Shelters

- Admissions to Special Medical Needs Shelters should be limited by the level of care needed and the resources available
- Only those individuals meeting Category B criteria should be eligible for admission

New - SMAT



Jim Craig, Director
Health Protection
Mississippi State Department of Health
601-576-7680
jim.craig@msdh.state.ms.us

