



# Public Health Emergency Preparedness Hospital Emergency Preparedness

Public Health Division

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# Public Health Emergency Preparedness Program

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# Public Health Preparedness Goals

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- Limit death and illness
- Preserve continuity of essential government and business functions
- Minimize social disruption
- Minimize economic losses

“People are prepared for emerging health threats - people in all **communities** will be protected from infectious, occupational, environmental, and terrorist threats”

*Center for Disease Control and Prevention,  
Office of Public Health Preparedness & Response*

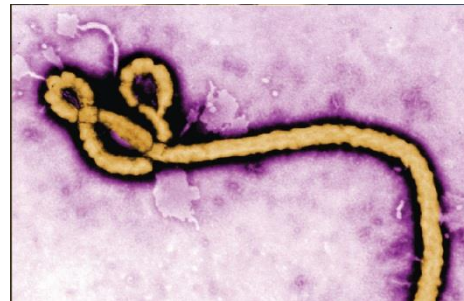
# Public Health Emergency Preparedness

- Pandemic and All-Hazards Preparedness Act
- Based on standard public health communicable disease control functions with disaster control focus
- Bioterrorism focus to All-Hazards



# Public Health Emergency Preparedness Threats

- Pandemic Influenza
- New/Emerging Diseases
- Climate Change/Vulnerable Communities

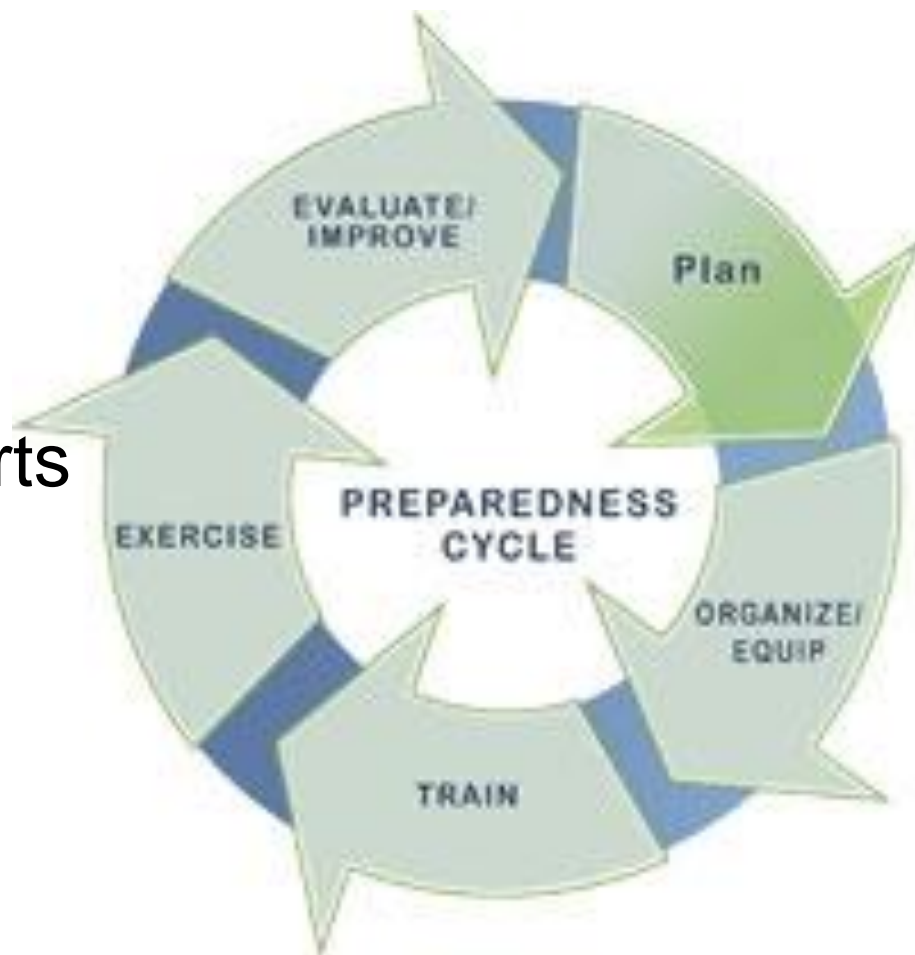


# Public Health Response

1. Public Health Surveillance and Epidemiology
2. Public Health Laboratory Testing
3. Emergency Public Information and Warning
4. Recommend interventions
  - Distribute Medication
  - Medical Surge
  - Isolation and Quarantine

# Public Health Response Planning

1. Planning
2. Training
3. Exercise
4. Evaluate
  - After Action Reports



# Medical Health Operational Area Coordinator (MHOAC)

- 17 Emergency Medical Services Agency
- Coordination and Communication
- Partners
  - Emergency Medical Services Agency
  - Environmental Management Department
  - Office of Emergency Services (OES)
  - Regional disaster and medical health coordinator (RDMHC)



MHOAC Functions Roles and Responsibilities	Lead Agency	Support Agency
Coordination of Disaster Medical and Health Resources	EMSA	Public Health
Coordination and integration with fire agency personnel, resources, and emergency fire pre-hospital medical services	EMSA	Public Health EMD
Health surveillance and epidemiological analysis of community health status	Public Health	EMD
Assurance of food safety	EMD	Public Health
Management of exposure to hazardous agents	EMD	Public Health LEMSA
Provision or coordination of vector control services	Sac-Yolo Mosquito & Vector Control	Public Health EMD Agricultural Commissioner
Assurance of drinking water safety	EMD	DWR Public Health
Assurance of the safe management of liquid, solid, and hazardous wastes	EMD	Sanitation Districts Agency
Investigation and control of infectious diseases	Public Health	EMD

# MHOAC Program Activation

## Medical and Health System

Including hospitals, EMS providers, clinics, skilled nursing facilities, laboratories, physician offices, veterinary facilities, hazardous materials handlers, drinking water systems, and others.

LEMSA/MHOAC

Public Health Division  
Health Officer

Environmental Management  
Department

Unusual Event  
or  
Emergency System  
Activation?

YES

### MHOAC Program

- 1) MHOAC Duty Officer is notified
- 2) MHOAC activates Medical Health Coordination/ MHOAC Program
- 3) Lead Agency is determined based on 17 MHOAC Functions. Lead Agency assumes:
  - Response Coordination
  - Situation Reporting

# Public Health Emergency Preparedness

PHEP

Cities  
Readiness  
Initiative

Hospital  
Preparedness  
Program

# **Sacramento County Hospital Preparedness Program and Healthcare Coalition**

Hannah Aalborg, MPPA

Health Program Coordinator

DHHS Public Health Division, County of Sacramento

# Public Health Emergency Preparedness and Hospital Preparedness Program

- HPP-PHEP Cooperative Agreement
  - Capabilities-based approach
  - Building upon the strong preparedness foundation already in place
  - Benefits
    - More coordinated and integrated public health and healthcare service delivery system planning and response
    - Improved ability to leverage funding for applicable activities and infrastructure
    - Reduced burden regarding duplicative and conflicting activities and reporting

# Healthcare Coalitions

**WHO?**

**WHAT?**

**WHERE?**

**WHEN?**

**WHY?**

**HOW?**



# WHO?

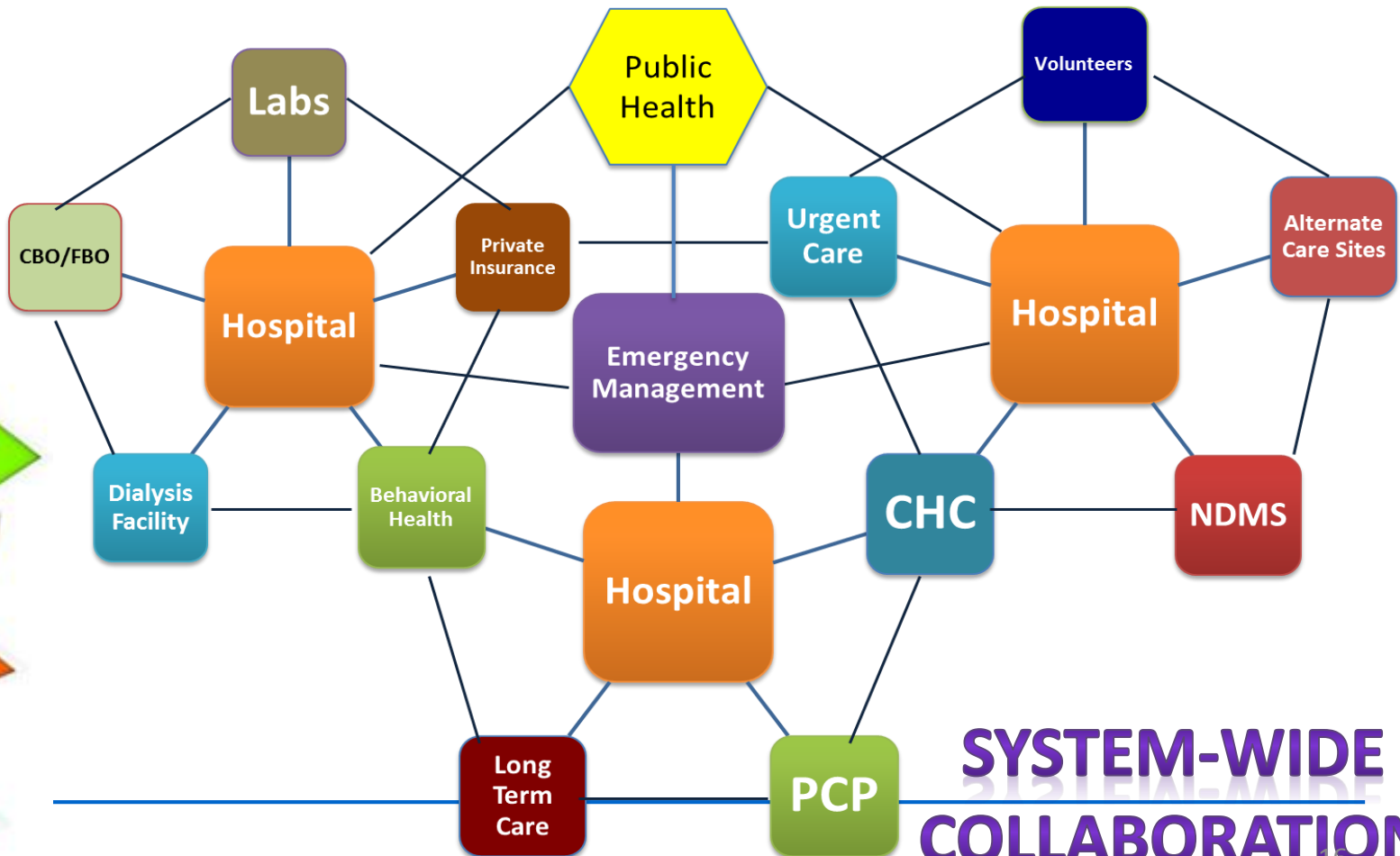
## Healthcare Coalition Member Organizations (HCO)

- Hospitals (at least 1)
- Public health
- EMS providers
- Emergency Management
- Mental/behavioral health providers
- Specialty service providers (e.g., dialysis, pediatrics, woman's health, stand alone surgery, urgent care)
- Community Health Centers
- Long-term care providers
- Primary care providers
- Tribal Healthcare
- County Coroner
- Public safety
- Private entities associated with healthcare (e.g., Hospital associations)
- Support service providers (e.g., laboratories, pharmacies, blood banks, poison control)
- Federal entities (e.g., NDMS, VA hospitals, IHS facilities, Department of Defense)
- Volunteer Organizations Active in Disaster (VOAD)
- Faith-based Organizations (FBOs)
- Community-based Organizations (CBOs)
- Volunteer medical organizations (e.g., American Red Cross)



# WHAT?

## Healthcare Coalition (HCC)



**SYSTEM-WIDE  
COLLABORATION**





# WHAT?

## Healthcare Coalition (HCC)

### Health and Human Services

#### Definition of healthcare coalition (HCC):

A collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.



# WHAT?

## Healthcare Coalition (HCC)

### Purpose of HCC

Healthcare system-wide approach for preparing for, responding to, and recovering from incidents that have a public health and medical impact in the short-and long-term.

### Primary Function of HCC

Sub-state regional healthcare system emergency preparedness activities involving the healthcare member organizations (HCOs). This includes planning, organizing, equipping, training, exercises and evaluation.



# WHERE?

The Common Purpose:

- To serve as a collaborative network of healthcare organizations to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.

California

- County based, but partner in several ways within the Regions
- Set up differently than most other states



# WHEN?

## Five Year Grant Period

- Working in close collaboration with internal and external subject matter experts (SMEs), ASPR, and CDC developed a set of new performance measures for each year that enable ASPR and its HPP awardees to:
  - Enhance **situational awareness**
  - Provide **technical assistance**
  - Support **program improvement and inform policy**
  - Increase **transparency**
  - Promote **sound stewardship** of Federal tax dollars by using the data to assess impact of public funding and ensure that the American taxpayer sees a return on their investment



# WHY?

- Health Care Coalitions are groups that integrate, coordinate and organize regional health care preparedness activities and response coordination.
- They're a key requirement in the 2012-2017 Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements
  - These grants go to local public health agencies, hospitals, long term care facilities, nursing services and other local partners.

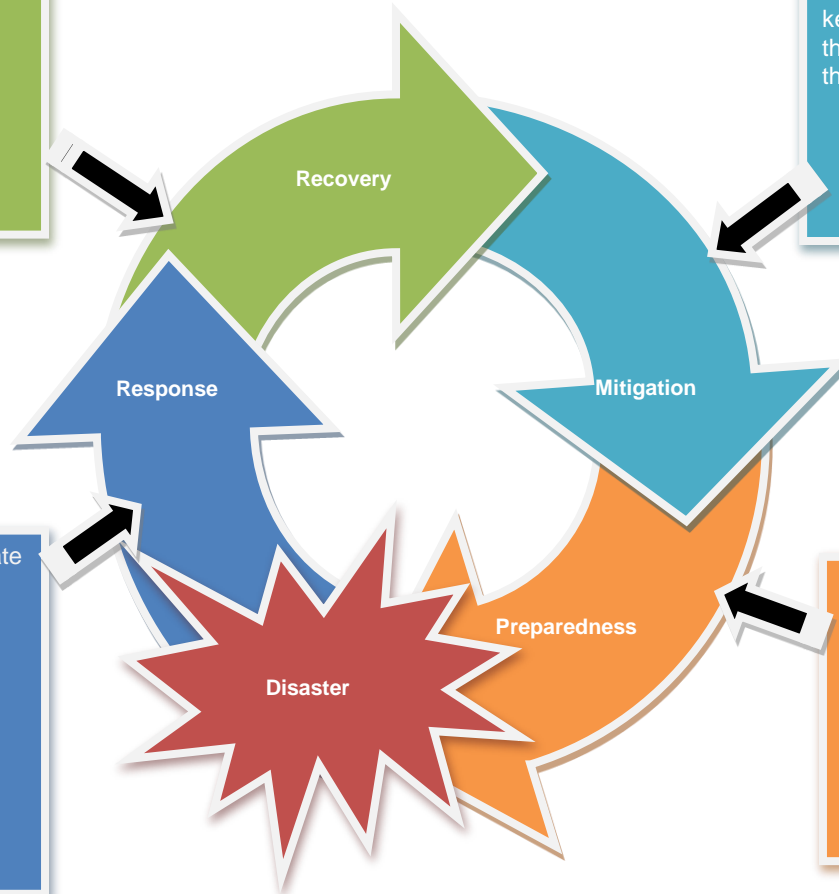


# HOW?

## DISASTER CYCLE

**Healthcare Coalitions:** Assist HCOs within their region to return to normal healthcare delivery operations

**Healthcare Coalitions:** Address areas in critical infrastructure and key resource allocation planning that decreases the vulnerability of the healthcare delivery system



WHO?

WHAT?

WHERE?

WHEN?

WHY?

HOW?

# Hospital Preparedness and Emergency Management

Loni Howard, RN, MSN

Emergency Preparedness Coordinator

Sutter Medical Center, Sacramento

# What is Emergency Management?

## 4 Phases of Emergency Management

- Mitigation
- Preparedness
- Response
- Recovery



# Why do we do it?

- Regulations
  - The Joint Commission
  - California Department Public Health (CDPH)
  - Federal (NIMS)
- Because we need to be prepared
  - We have a vulnerable population we are responsible for

# How do we do it?

- Based on a Hazard Vulnerability Analysis
  - Violent Persons, Code Silver, Active Shooter
  - Mass Casualty Incident(MCI)  
(medical/infectious)
  - IT Failure
  - Flood
- Based on driving forces (“disaster of the moment”)

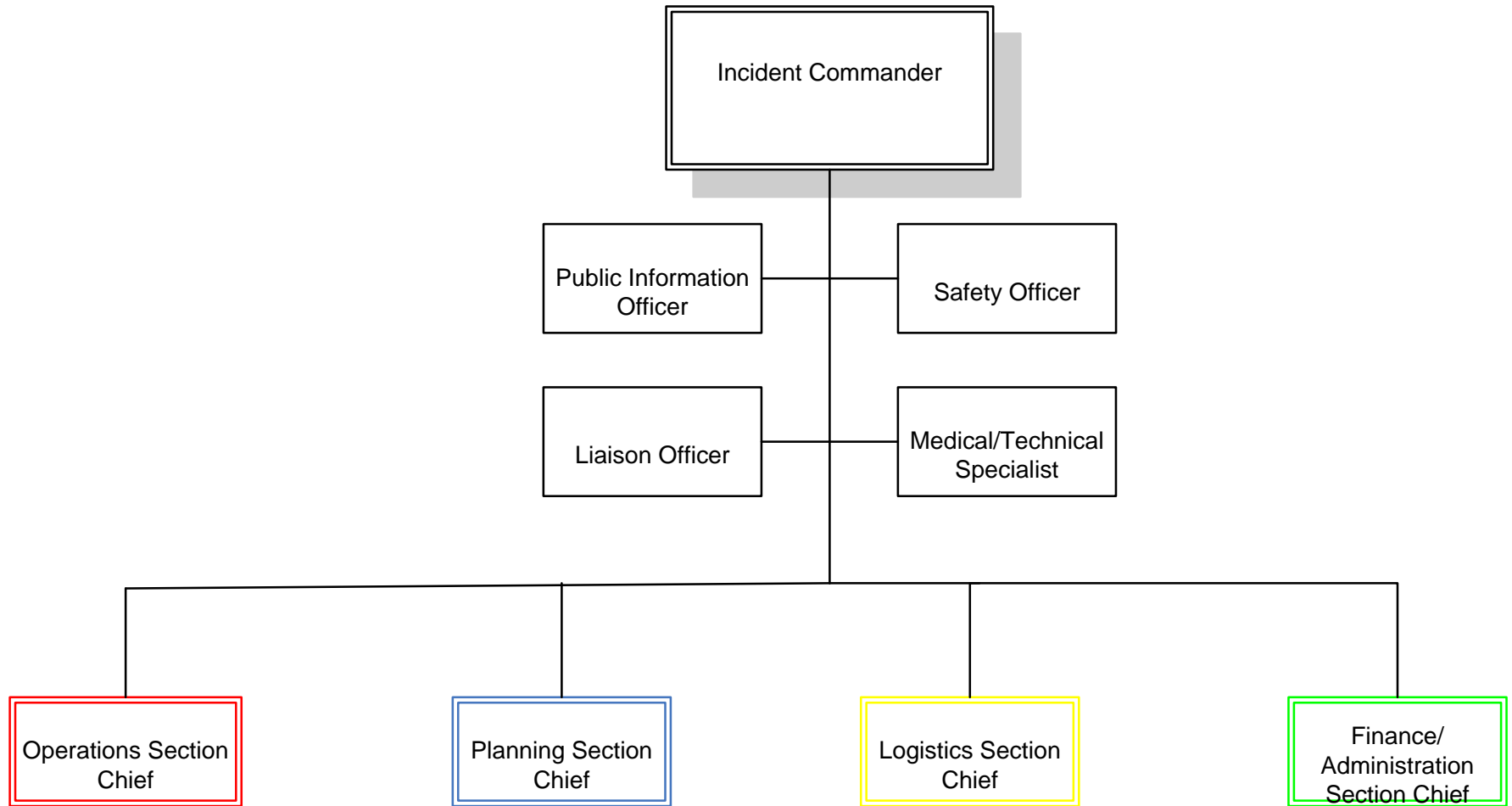
# What do we do?

- Develop policies and procedures
- Learn from national standards and other's experiences
- Train
- Exercise
- Re-evaluate

# What do we plan for

- Internal Events
  - Fire, Infant Abduction, Violent person, Power failure, Water failure
- External Events
  - Natural events, Accidents, Terrorism

# Hospital Incident Command System



# Collaboration with other agencies

- Coordination with the Hazard Vulnerability Analysis
- Use of Incident Command System
- Importance of collaboration from the beginning of the disaster through recovery
- Understanding coordination with other agencies – strengths and limitations

# So Are We Prepared

- All the hospitals in county meet the regulatory requirements
- Much preparation has been put into place
- Planning for 96 hour resilience

**BUT**

A hospital can not stand up to all major disasters

- Dependence on Power and Water

# Thank You

# QUESTIONS