

Disaster Management/Emergency Preparedness in Maine

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Expectations/Objectives

- What are the types of disasters most likely in the state of Maine?
- What emergency preparedness activities that are on going in the state?
- What is the “All Hazards” approach to disaster preparedness?
- What are the various roles – between local, state, and federal responders?
- What is the Emergency Medical Services for Children’s grant Maine recently received and how does it play a role in emergency preparedness?



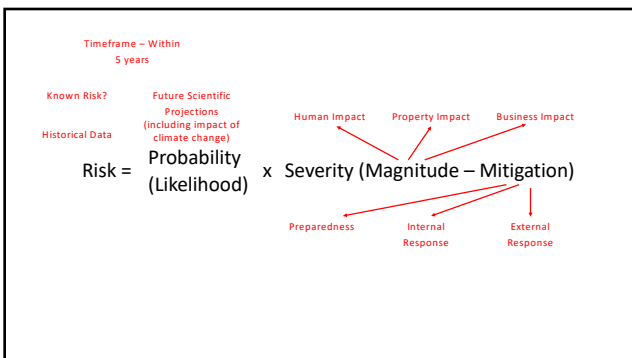
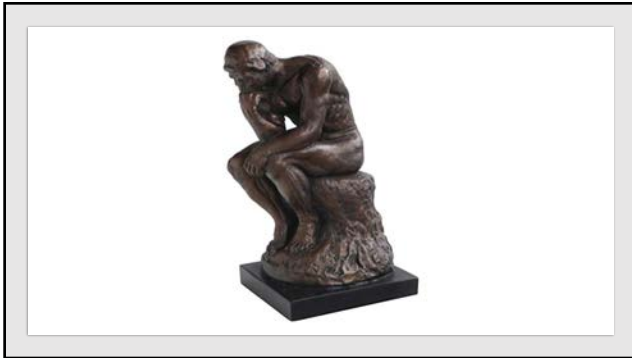
What is a Disaster?



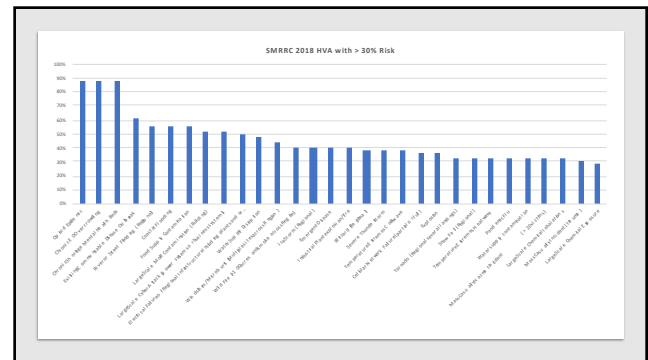
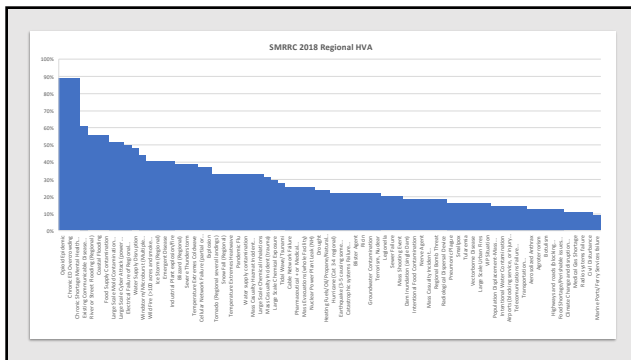
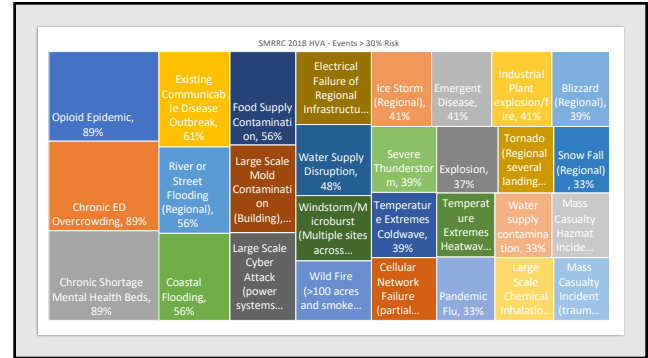
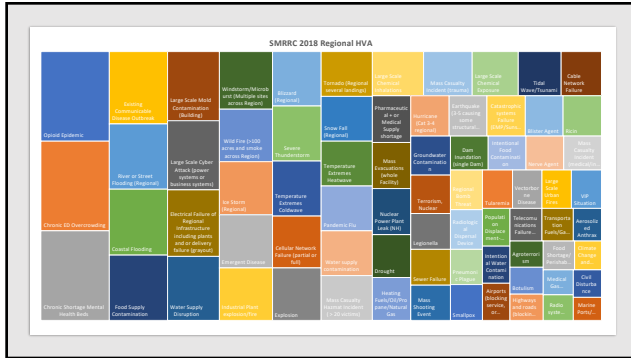
Massachusetts-1 Disaster Medical Assistance Team, Response to New York City, September 2001



US Army Base Ft. Devens, Massachusetts, 1918



HAZARD AND VULNERABILITY ASSESSMENT TOOL									
NATURALLY OCCURRING EVENTS									
EVENT	PROBABILITY	SEVERITY * (MAGNITUDE - MITIGATION)						RISK	
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE		
		Likelihoods will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preparedness	Time, effectiveness, resources	Community Mutual aid and supplies	Relative threat
SCORE	0 = Not 1 = Low 2 = Medium 3 = High	0 = Not 1 = Low 2 = Medium 3 = High	0 = Not 1 = Low 2 = Medium 3 = High	0 = Not 1 = Low 2 = Medium 3 = High	0 = Not 1 = Low 2 = Medium 3 = High	0 = Not 1 = Low 2 = Medium 3 = High	0 = Not 1 = Low 2 = Medium 3 = High	0 = Not 1 = Low 2 = Medium 3 = High	0 = Not 1 = Low 2 = Medium 3 = High
Volcano									0%
Tsunami									0%
Storm Tidal									0%
Ice Storm									0%
AVERAGE SCORE									0%
*Threat increases with percentages									
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
RISK = PROBABILITY * SEVERITY									
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%



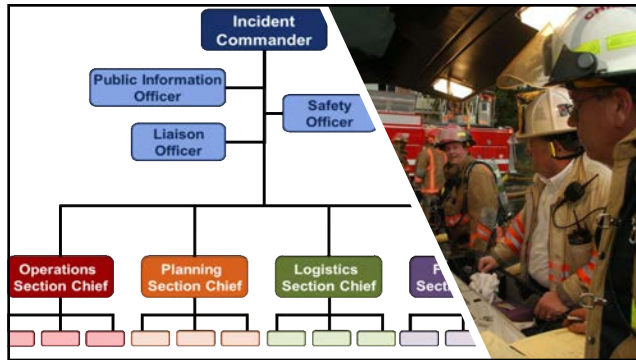
Themes and Characteristics of Disaster Response/Emergency Preparedness

Common Themes

- Incident Command System/HICS
- Principles of Triage
- Management of Surge on the Health Care System
- Phases of Disaster Response
- The Federal Response to Disasters – the National Response Framework
- Resiliency in Disaster Response

“Unique” Themes

- Decontamination/PPE and Levels of Personal Protection
- Toxidrome Recognition and Management
- Management of Radiation Emergencies
- Management Priorities to Victims of Active Shooting and Blast Events/Pre-Hospital Control of Massive Hemorrhage



History of the Incident Command System

- 1970's – AZ & CA wildfire response
- Local, State and Federal responders noted several issues:
 - Lack of common organization
 - Poor on-scene and inter-agency communications
 - Inadequate joint planning
 - Lack of valid and timely "intelligence"
 - Inadequate resource management
 - Limited prediction capability
- All agencies joined under the FIREScope program and created the Incident Command System (ICS)

Maine Medical Center
MaineHealth



What is the ICS?

- ICS is a *management system*
- Utilizes management concepts and therefore:
- Improves effectiveness, accountability, and communication
 - Provides a common organizational structure and language
 - Allows multiple agencies (including local, state, federal) to work effectively during the response efforts

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General Principles of the Incident Command System

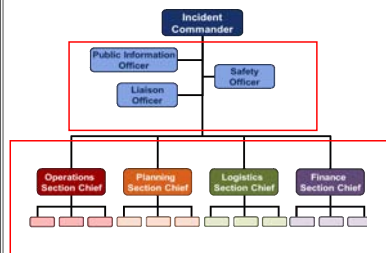
Single Command vs. Unified Command

- Chain of Command
 - Orderly line of authority within the ranks of the organization
 - Every responder has a designated superior
- Span of Control
 - No one supervisor as too many subordinates
 - Range is generally 3 – 7 personnel to one supervisor
 - Important where safety and accountability have top priority

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Primary Structure of the Basic ICS

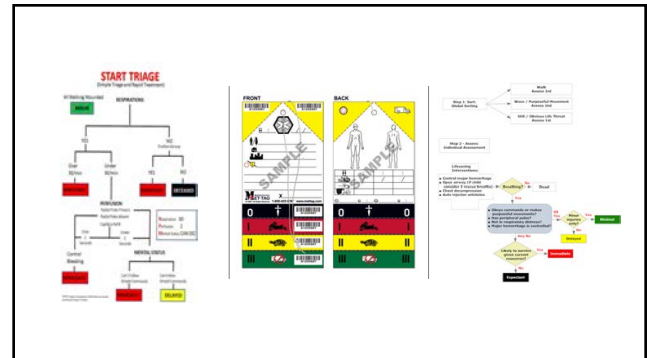


Incident Command System and Hospitals



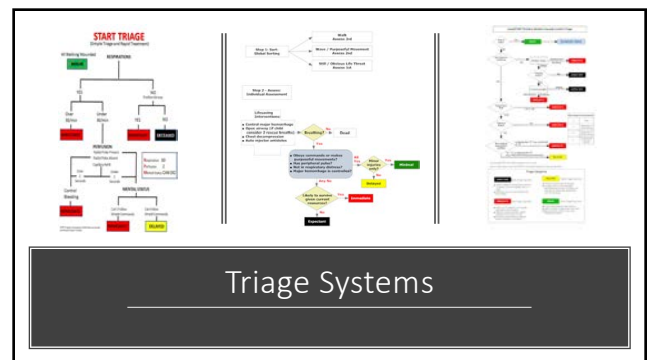
Learning More...

- Federal Emergency Management Agency On-Line Courses
<https://training.fema.gov/emiweb/is/icsresource/trainingmaterials.htm>
- IS 100 Introduction to ICS
- IS 200 ICS for Initial Action Incidents
- IS 700 National Incident Management System
- IS 800 National Response Framework

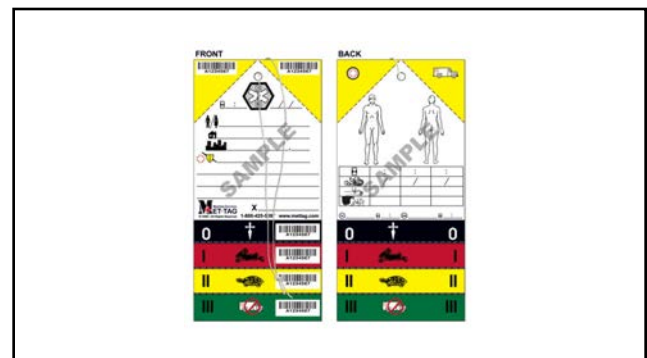
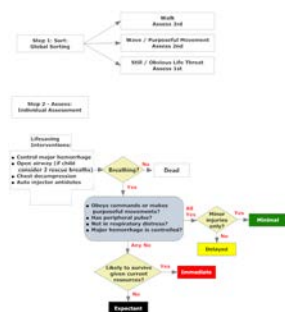


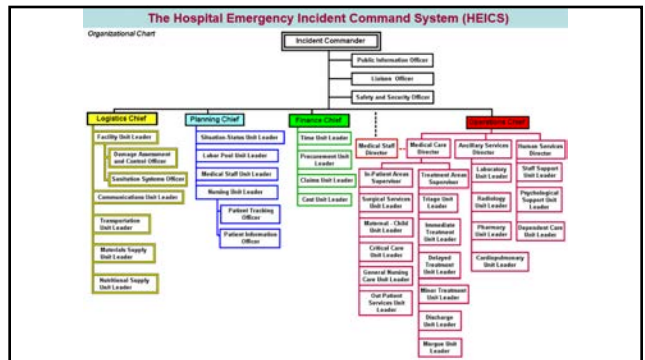
Triage - Background

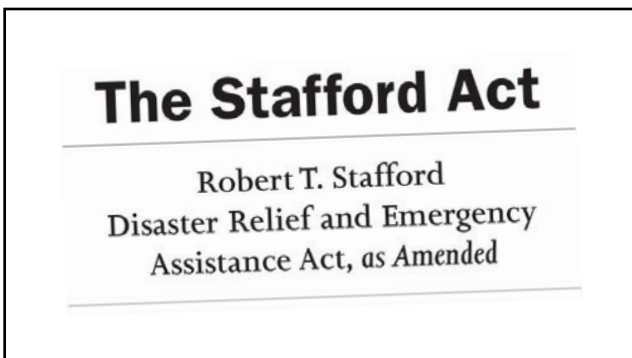
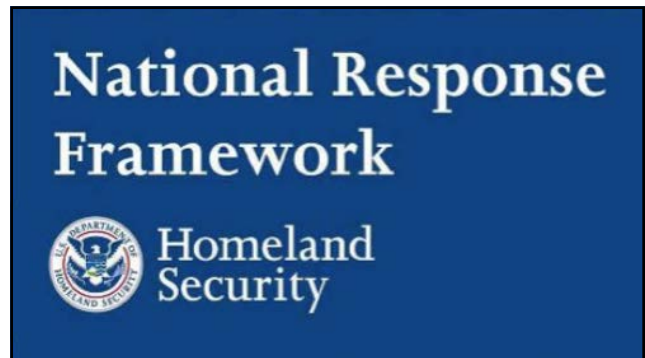
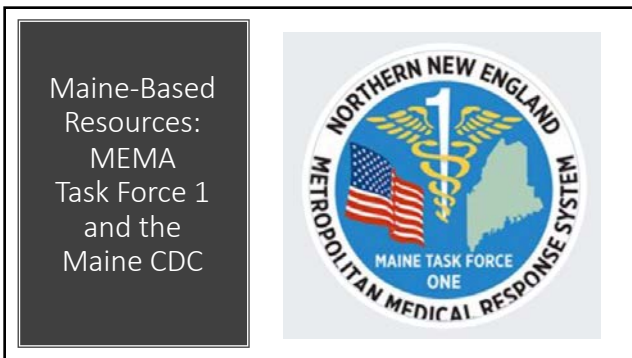
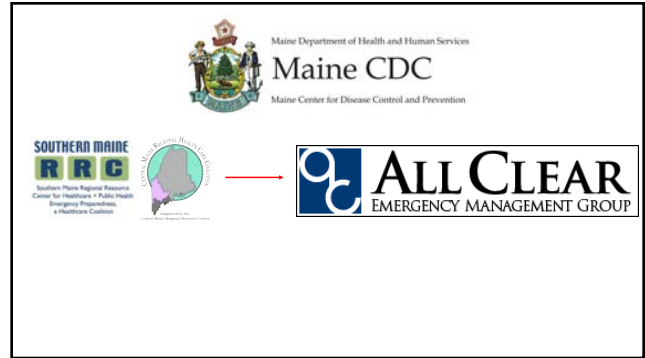
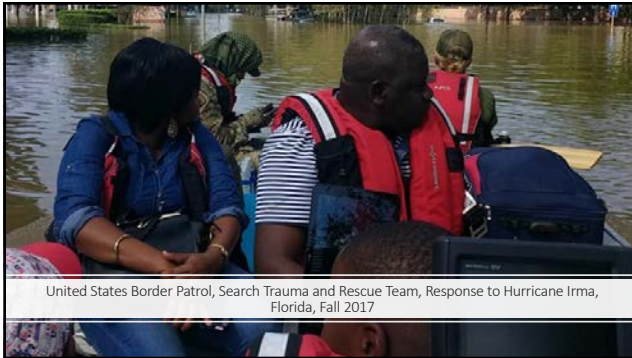
- Past experience suggests that of initial survivors of MOST disasters 80% will be NON-CRITICAL while 20% will be CRITICAL
- Need to identify those most critical patients and prioritize their care first
ALSO
- In any disaster – there exists the possibility for the NEEDS of the event to outstretch the RESOURCES AVAILABLE.
- Once this occurs – focus shifts from care for the individual to care for the population
 - Also known as Disaster Standards of Care
 - How to offer the greatest good for the greatest number?
 - May need to ration resources



SALT Triage System







Federal Emergency Support Function #8

Core Capabilities Include:

- Public Information and Warning
- Critical Transportation
- Environmental Response/Health and Safety
- Fatality Management Services
- Mass Care Services
- Logistics and Supply Chain Management
- **Public Health, Healthcare and Emergency Medical Services**

ASPR
ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE



ESF 8 - Direct Medical Care

- National Disaster Medical System
 - DHHS Lead
 - DHS/DOD/DVA support
- Three Major Components
 1. Emergency Medical Response – including personnel, equipment and supplies
 2. Movement of ill or injured patients from a disaster site to area unaffected by the disaster
 3. Definitive care of patients at hospitals in an area NOT affected by the disaster
- Deployable Teams – Disaster Medical Assistance Teams, Disaster Mortuary Operational Response Teams, National Veterinary Response Teams, etc.



Questions?



Thank You