



B O S T O N

Intersecting Missions:

Public Health and Public Safety in the post-9/11 World

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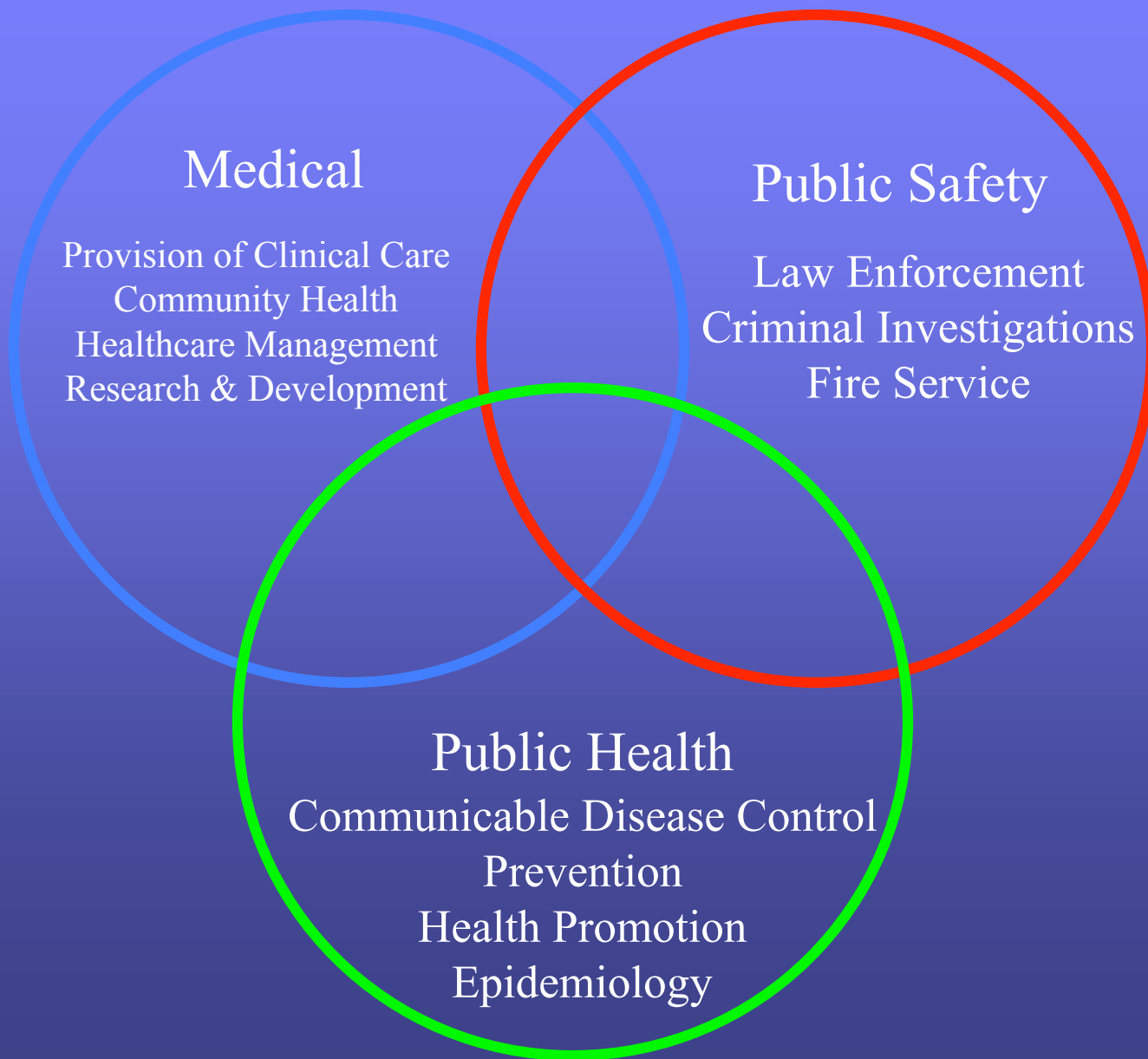
Overview

- Intersecting Missions - Public Health, Public Safety, and Medical: Implications for Disaster Medicine
- Informed Planning and “Lessons learned”
- Partnerships, Collaboration, and Working Together: Foundations for Unified Command





Traditional Roles & Functions





Intersection: Disaster Medicine





Boston *EMS*



Where Public Health...
...Meets Public Safety





Where do Public Health, Public Safety and Medical Intersect?

Where don't they intersect!

- Bioterrorism will require a unified response
- Unified response requires integrated planning
 - Must bring together public health, public safety, and medical stakeholders in order to effectively prepare
 - Must ensure commonality of cause in responding to bioterrorism incidents
 - Agencies must understand their own mission and the mission of collaborative agencies
 - Agencies must understand their integral role in successfully achieving the mission **and**
 - Must understand their role in helping collaborative agencies in achieve theirs





Informed Planning

- Planning must be “Evidence-based”
 - We must understand “Disaster Epidemiology”
 - Examine and understand the patterns of past responses
- What are the findings?
 - Most casualties are in hospitals within 1-1.5 hours
 - Few critically injured casualties are rescued alive after the first day or two
 - There is typically little need for outside medical teams to provide critical care or trauma surgery
 - A large demand for family medicine may exist





“Lessons Learned”

The same “lessons” are being learned again and again in, disaster after disaster.

- Myth: Dispatcher will send units to the scene
 - Reality: Atypical dispatch – many units self dispatch
- Myth: First unit on scene will assume command
 - Reality: Command and coordination is typically lacking
- Myth: Patients will be triaged, stabilized, distributed
 - Reality: Little first aid is given in the field; most patients are not triaged; most transports are not by ambulance; the closest hospitals get the most patients





Implications for Planning

- Disaster planning focused on *community medical capacity* is likely to save the most lives
 - Agencies must draw on community-based resources in planning for bioterrorism response
 - Many casualties can be treated in a non-hospital setting, yet most disaster medical planning is aimed at major trauma care at hospitals
- Outside medical teams are more likely to end up treating family practice type patients, rather than those with life-threatening injuries





Planning Partnerships

- Unified planning is imperative
 - Establish protocols and procedures in advance
- Partnerships enable interagency pre-planning
 - MMRS Interagency Management Team
 - Boston Emergency Management Agency
 - US Attorney's Anti-Terrorism Task Force





Collaboration in Advance



- Coordination with local stakeholders and emergency response officials saves time when an incident occurs
- Use previous incidents as a reference point in planning
- Know names and faces of counterparts – *before an incident!*





What are we doing in Boston?

Boston MMRS

- Public Health, Public Safety, Medical, Academic
 - State and local law enforcement, fire, private and other cooperating EMS agencies
 - Hospitals
 - Community Health Centers
 - Schools of medicine, schools of public health

Medical Reserve Corps

- Medical volunteer coordination
 - Recruit, train, track, credential, deploy

Regional SNS Coordination

- Address SNS logistics needs
- Prepare potential mass-care and mass-prophylaxis sites





Boston MMRS Partners

Some of the organizations and agencies we collaborate with:

- Massachusetts Department of Public Health
- Conference of Boston Teaching Hospitals
- Massachusetts League of Community Health Centers
- Massachusetts College of Pharmacy
- Massachusetts Ambulance Association
- US Department of Homeland Security (FBI, NDMS)
- US Department of Health and Human Services
- Boston Police Department
- Boston Municipal Police
- Boston Fire Department
- Massport Fire Department
- MBTA Police
- Department of Veterans' Affairs
- Massachusetts State Police
- Massachusetts National Guard 1st Civil Support Team





DelValle Institute for Emergency Preparedness

- Integrate and coordinate terrorism preparedness and response training
 - Employ same or similar curricula for entire region
 - Allow for standards-setting and interoperability
 - Broad ICS acceptance and implementation
- Audience
 - Public health professionals
 - Hospital staff
 - Health center staff
 - EMS professionals
 - Public safety professionals
 - Pharmacy, medical, and nursing students





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Questions? Comments?

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