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HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Healthcare Coalition Involvement in Mass Gatherings
July 14, 2016
Click here to access the pre-recorded webinar.

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Welcome Message and Webinar Intent

Melissa Harvey, RN, MSPH

Director, Division of National Healthcare Preparedness Programs

Healthcare Coalition Description

Health care coalitions (HCCs) incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together by collaborating to ensure that each member has the necessary medical equipment and supplies, real-time information, communication systems, and trained health care personnel to respond to an emergency.

These regional efforts help each patient receive the right care at the right place at the right time.

Healthcare Coalition Role in Mass Gatherings

- Every community has mass gatherings

- Serve as the best proxy for real event response

- Build relationships and test systems
  - Information sharing and coordination
  - ESF-8 planning
  - Surveillance for infectious disease events (e.g. food-borne)
  - Medical care coordination

Webinar Purpose

- The Hospital Preparedness Program is moving toward making healthcare coalition response coordination a grant requirement

- Mass Gatherings require advance planning from all healthcare coalition partners

Learning Objectives

- At the completion of this webinar, participants will be able to:
  - Describe a mass gathering
  - Identify ways a healthcare coalition should be involved in mass gathering planning and execution
  - Identify planning considerations

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Presentations

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Mass Gatherings

An Operational Federal Perspective

Joe Lamana
Director, Division of Operations
Office of Emergency Management
Office Assistant Secretary for Preparedness and Response

Mass Gatherings – WHO Definition

- A concentration of people at a specific location for a specific purpose over a set period of time and which has the potential to strain the planning and response resources of the country or community.

Challenges

- What is a mass gathering? No agreed upon definition…much variance.

- No two mass gatherings are the same

- No common method of data collection
  - Average patients presenting 0.5-2.6 per 1,000 spectators*
  - However, MCI or stampede can occur at any time!

* http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.472.287&rep=rep1&type=pdf

Examples of Mass Gathering Events

- Sporting events
  - Pro-sports, marathons, auto races, Olympics, World Cup
- Concerts (indoor or outdoor)
- Religious events
  - Hajj, Papal visits, Right-to-life marches, state funerals
- Celebrations
  - New Year's Day, Independence Day, Macy's Parade, Fourth of July
- School events
  - Graduations, spring break week
- Political
  - Rallies, conventions, inauguration

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Assessing Risk

- Start early, update often and regularly, particularly as the event draws closer.
- Build your team – form a committee
  - Include:
    - Media
    - Law Enforcement
    - EMS
- Unrealistic expectations or assumptions can lead to overwhelmed/exhausting resources
- Establish realistic expectations up front – what does success look like for the gathering?

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Special Event Assessment Rating

- Based on a number of factors including the size of an event, the venue, number and level of dignitaries attending, and "other" aspects of the event.

- Methodology utilized to gauge the complexity and *risk* associated with events...reviewed and refined annually.

- Ratings range from SEAR 1 (significant national/international importance) to SEAR 5 (may have national recognition, but mostly a local/state event)

NOTE: NO public health/medical criteria in assessing risk...not yet.

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Planning Considerations

- Is event in a building, stadium or outdoors?
  - Is it in one venue or multiple?
  - If outdoors, what is the weather prediction?
  - Will people be seated or standing for the event?
  - Crowd density?
  - Road accessibility?
- Will food / alcohol be served?
- Are there barriers/fences to contain the crowd?
  - How will people enter and exit the venue?

Planning Considerations, Cont.

- What is the estimated size of the crowd gathering?
- What are the demographics of the gathering?
  - Unique characteristics? (e.g. rave party)
- What is the emotional excitement of the event?
  - Could drug use be a concern (e.g. rave party)
- Will politics be a factor?
  - Budget concerns?
  - Who is in charge?

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ASPR Response

- Planning assumptions will account for:
  - Crowd control
    - Where will our teams be positioned in relation to the crowd?
    - We do not "roam" through the crowd—patients present at our locations.
  - Event access points
    - Common location for our teams will be where LE is located.
    - Do we have secure locations from which to operate?
  - Fire safety
    - Is there a plan for fire safety?
    - Primary concern is for the safety of our teams.
  - Medical preparedness
    - What is the medical preparedness of the municipality of the event?
  - Emergency response
    - Is there a robust emergency response plan and EMS system?
    - Primary mission is to treat and release, or hand off to EMS. NO HOLDING capability.

ASPR Experience

- Support to National Security Special Events (NSSE):
  - Independence Day Celebration
  - Police Office Memorial
  - State of the Union Address   } Annual events
  - UN General Assembly
  - Political Conventions (DNC/RNC)
  - Inauguration
  - State Funerals

- Support to state requests
  - Sturgis Rally
  - Boy Scout Jamboree
  - Super Bowl

ASPR Response

- NSSE/Special Event Coordinator – primary responsibility to conduct pre-event planning based on formal requests for support.
  - Requests can come from:
    - NSSEs – U.S. Secret Service lead federal agency
    - SEs – Other federal agencies (e.g., Office of Attending Physician, National Park Police).
  - Works closely with ASPR Regional Emergency Coordinator on shaping federal activities.
  - Orchestrates all aspects of the federal support to include:
    - Establishes coordination team;
    - Medical support personnel (mix of NDMS and USPHS teams);
    - Logistics requirements (e.g., equipment, travel, billeting, credentialing);
    - Reporting requirements;
    - Liaison support to state and local operations centers;
    - Builds budget and funding documents.
  - Begins planning for these events 6-9 months prior to the event.

Federal Medical Resources

- US Department of Health and Human Services
  - Disaster Medical Assistance Teams or Task Forces
  - Strategic National Stockpile push pack or vendor managed inventory (ventilators, countermeasures) forward deployed
  - Incident Response Coordination Team

- Federal Emergency Management Agency
  - Urban Search and Rescue
  - Forward Elements

- US Department of Defense
  - Federal and National Guard

- US Department of Justice
  - Federal Bureau of Investigation Weapons of Mass Destruction and Hostage Rescue Team assets

ASPR Response

	Total # of Encounters
POM 2014	21
Inauguration 2013	370
GS-NATO Summit 2012	14
July 4th 2012	384
RNC 2012*	11
DNC 2012*	EMR kits not utilized
July 4th 2011	364
POM 2011	6
July 4th 2010	362
POM 2010	5
POM 2009	11
Inauguration 2009	241
RNC 2008*	108
DNC 2008*	37

Healthcare Coalitions: Role in Mass Gatherings

Mary Russell, EdD, MSN

Role of Healthcare Coalitions

- Multidisciplinary events
- Maintain situational awareness
- Update bed availability counts
- Ensure communication pathways & updates
- Prepare for a surge in casualties across the healthcare delivery system
- Alert facility security & coordinate with local law enforcement for crowd control & protestor threats

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Florida

- Major cities with entertainment venues:
  - Miami
  - Orlando
  - Tampa
  - West Palm Beach
- Tourism is year-round
- Sports events are year-round
- Weather threats are major HVA priority

Escalation of the complexity level must be anticipated

Super Bowl XLIV 2010

- Planning initiated in 2009 for game on 2/7/10

- Game activities to occur pre & post game

- Sun Life Stadium, Miami; attendance >103,000

- Major media event; 106.5 million viewers

- Regional multidisciplinary preparation including healthcare, EMS, Law Enforcement

The complexity of this event increased dramatically because of South Florida's response to the Haiti Earthquake (1/12/10) & because of annual seasonal/tourism surge

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Super Bowl XLIV 2010

- Needed to decompress hospitals
- Still flu season
- Seasonal residents plus tourist surge
- Increase from NFL teams, families, attendees – ancillary events, not just "the game"
- Influx of prostitutes
- Alcohol impact

Super Bowl XLIV 2010

- International transfers from Haiti sent to alternate locations in Florida and out of state

- Bed availability was maintained

- No major issues with game activities
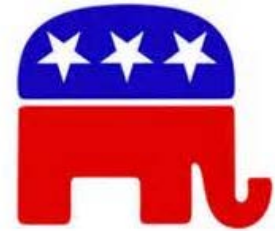
- Great exercise to coordinate regionally with state and federal partners

Republican National Convention
Tampa, Florida, 8/27-8/30/2012
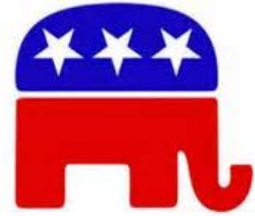
- Designated as a National Special Security Event (NSSE)

- 50,000 politicians, delegates & reporters

- Multiple political VIP's

- Local fairgrounds served as the command center

- Planning for 15,000+ protestors

RNC Convention Planning

- Planning began in July 2011
- Review of historical records for Conventions
  - Anticipating current concerns
- Predicting medical surge impacts
  - Heat, protestors, tropical systems, terrorism
- NSSE planning structure format:
  - U.S. Secret Service: lead for planning & security
  - FBI: lead for counterterrorism & criminal activities
  - FEMA: lead for Consequence Management
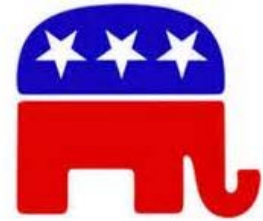
RNC Convention
Health & Medical Planning

|	
Pre-hospital triage/treatment/transportation	
Healthcare system delivery receiving sites	
Disease detection & surveillance	
Medical Evacuation	Vet services
Treatment of VIP/Dignitaries	Food Safety
Responder Safety & Health	Mass Fatality planning
Medical Countermeasures	Lab Services
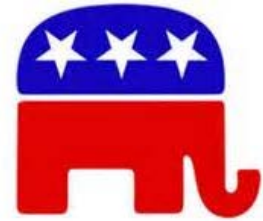
RNC Convention Medical Countermeasures

- 8 POD teams trained for mass distribution. A local cache of 25,000 10 day regimens of antibiotics was on standby. An additional 25,000 doses of antibiotics were also on standby (Doxycycline & Cipro). POD's could be operational within 2 hours of notification.

- 4 Rad packs staged nearby at the Hillsborough Health Department. Each pack could treat 2000 cases. Packs included DPTA, Prussian Blue and KI. A 30 minute response time was estimated.

- 2 EMS Chempacks maintained on trucks so they could be mobile for rapid deployment.

- 500 Cyanokits.

Healthcare Coalition Role
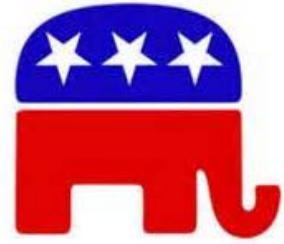
- Multidisciplinary participation
- Maintain situational awareness
- Update bed availability counts
- Ensure communication pathways & updates
- Prepare for a surge in casualties across the healthcare delivery system
- Alert security at facilities & coordinate with local law enforcement for crowd control & protestor threats
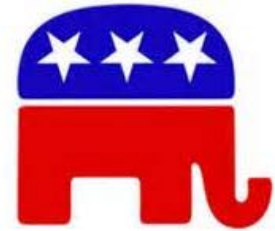
The unexpected...

State & Local Response

- Florida State EOC activated
- Governor declared a State of Emergency
- FHA issued updates on storm & activities
- Multiple Healthcare Coalitions engaged:
  - Multidisciplinary preparedness & response measures
    - Hospitals posted bed availability twice daily on EM websites; discussed shuttering, staffing, supplies, conference calls
    - Shelters: standby with staffing
    - Dialysis & oncology continuity measures
    - Pharmacies- posting open/closed; hours of operation

Healthcare Coalition Response

- Recognition of significance of the event for healthcare staffing, supplies, space & structure
- Identify immediate & ongoing supply needs
- Alert/Activate Medical teams (State SAR, DMAT, SMRT, MRC & Hospitals)
- Identify transportation needs
- Test communication systems
- Multidisciplinary coordination
- Patient tracking
- Identify gaps

RNC Convention AAR

- Compressed timeframe for convention
- Fewer protestors
- Storm passed west of the Tampa Bay area clearing humidity with much lower temps than expected
- Additional counties throughout the state had activated their EOC's because of the storm
- Some gaps in info flow, last minute planning, staffing changes

Lessons Learned

- Planning for Communication, Coordination, Integration of partners

- Avoid assumptions re: MRC availability if complexity occurs pulling resources

- Anticipate potential relocation of staging areas

- Protestors may not choose to go to shelters

- Scheduled and non-notice events help to maintain capabilities and communication with partners

SE PA Healthcare Planning and Response

**World Meeting of Families / Papal Visit - September 2015
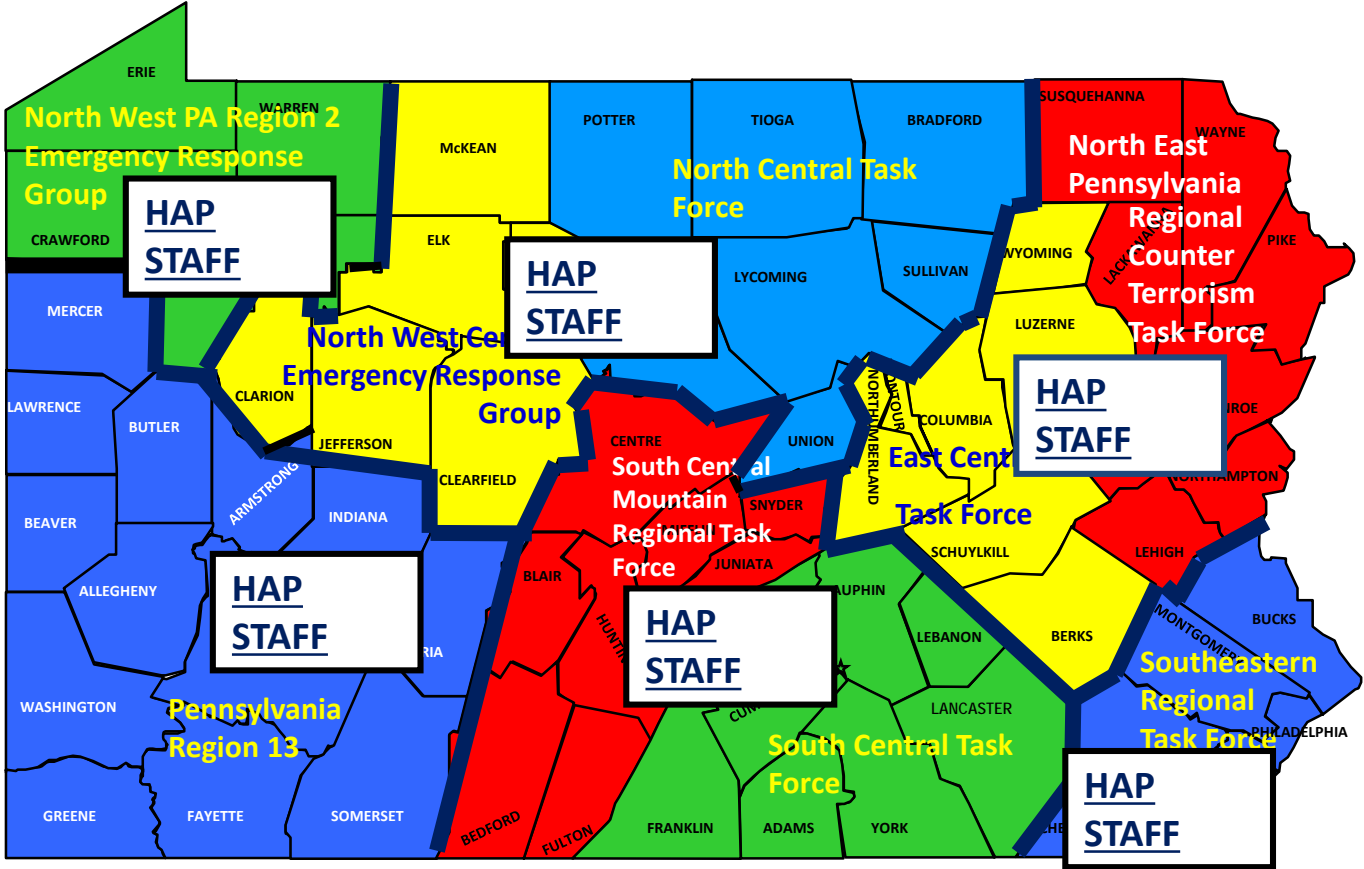Democratic National Convention - July 2016**

Tom Grace, RN, PhD

Pennsylvania Healthcare Coalition MAP

Planning - NSSE Planning Structure

- Two Events
  - Papal Visit
  - DNC
- Multiple Committees – Executive Committee and 23 Sub-Committees for both events.
  - Health and Medical Sub-Committee sub-groups
    - Hospitals/Healthcare
    - EMS
    - First Aid/Medical Stations
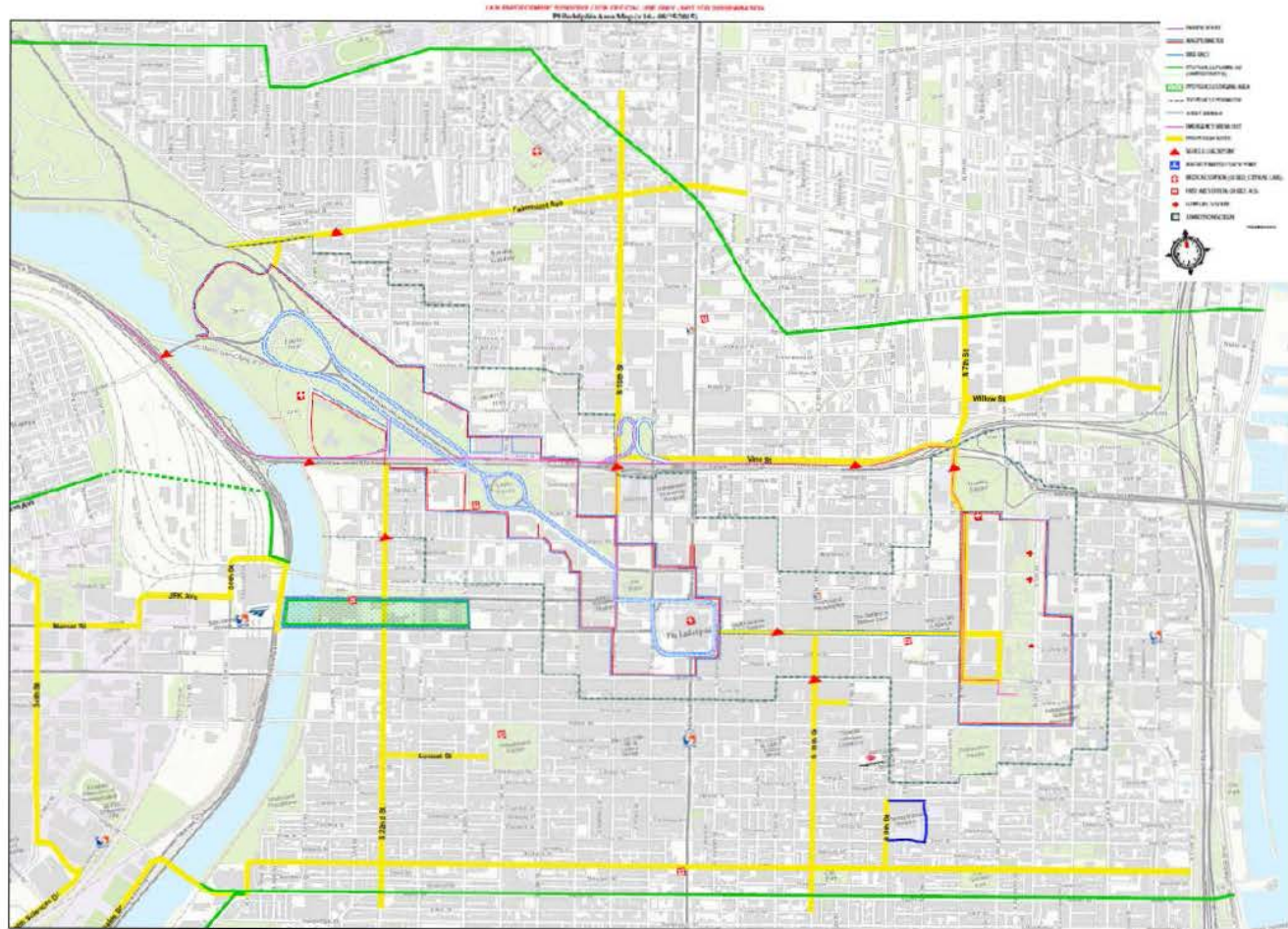   - Public Health Surveillance
    - Food Safety

Planning Considerations

"Impact Based Planning"

- Crowds (1-2 Million)

- "The Box" / Secure Perimeter

- Access- Transportation
  - Highway/Road Closures

  - Limited Access

  - SEPTA (Mass Transit) route closures

"The Box" and Secure Perimeter
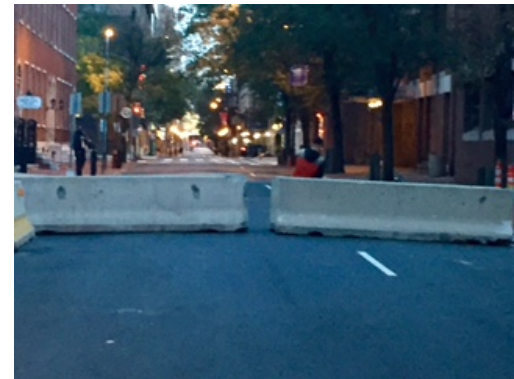
Crowds

- Planning Assumptions- Final Papal Stop and Only Public Mass
  - 1-2 million within the "Festival Grounds"
  - Increased mix of elderly, infirmed and chronically ill

Healthcare Profile in "The Box"

- 8 Hospitals in "The Box"
  - 3 Trauma Centers (Presbyterian, Hahnemann and Jefferson)
  - 1 Pediatric Trauma Center (CHOP)
  - 2 Acute Care (HUP and Pennsylvania)
  - 2 Specialty Hospitals (Magee Rehabilitation & 1 Wills Eye Hospitals
  - Potential for 250 births in 3 days
  - Average of 15 transplants in 3 days

- 10 Outpatient Dialysis Centers

- 1700 Homecare patients
  - 800 Considered critical to be seen, some require constant care

Healthcare Planning

- Coalition Board began planning discussions in December.
  - Participation in Concept of Operations Planning (City vs Regional Level)
  - Planning with Coalition Zones w/ Monthly Regional Briefings.
  - Three 3 "C-Suite" meetings April, June and August.
  - Focused Meetings/ Activity / Planning
    - OB, Dialysis, Homecare Patients
    - Specialty Care Access, Air Medical Operations,
    - Supply Chain- Food, Pharmacy & Radio-pharmaceutical (nuc) Deliveries
    - Staff access

- Contingencies
  - Robust Event Medical
  - Pre-stage regional surge assets (Vents, Burn Carts, Radios & repeaters)
  - Pre-stage ChemPacks, DMAT,

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Event Medical

- **10 TENTS**
  - 6 First Aid (20-25 Bed)
  - 4 Medical Shelters (50 Bed)
- **EMS**
  - 100 Ambulances
  - 65 "Gator" Medics
  - 85 Bike Medics
  - 100 Walking Medics
- **Behavioral Health**
- **438 Patients seen**
  - 179 Transported to Hospitals

Event Medical
Medical Station 1- SEPA SMART (PA SMAT 3)

- Regionally based Team
  - Operated 4 days

    Volunteers
      - 101 Patients Seen
      - 29 Transported to Hospital

- Additional Services
  - DOD Veterinarian
    - 6 Canines treated
    - 1 Mounted Officer and Horse
  - Phila. Public Health Behavioral Health
  - ARC on hand for Family Reunification

Healthcare Coordination Desk

- Division under ESF 8 with 2 HAP Regional Manager 24/7
- Access to Vehicle Perimeter (transfers and patient arrivals)
- Information Sharing - KC HIMS:
  - Situational Awareness
  - Data/ Status/ Action Requests
  - Patient Tracking,
  - Resource Requests,
- Mutual Aid/Unmet Needs
- Special Deliveries/Pick-ups
- Even Trash Trucks!

HCD Activity Summary

- ## Coordinated
  - 179 Transfers to facilities in the "box"
  - 17 Transplants in "box" and 2 outside "box"
  - Access for 98 OB patients in labor
  - 78 Facility to Facility Transfers
  - Tracked 438 Patients seen in tents
  - Facilitated Daily Conference Calls for All HC Organizations
    - Monitored events, activities, closures and incidents
    - Monitored status, collected and reported data Including:
      - Bed Availability, Utilization, Patient Tracking

Lessons Learned-Best Practices

- Healthcare Coalition inclusion from start of planning

- Impact Based Planning and Preparation

- Individual Organization Planning is the Foundation for Region

- Healthcare Coordination Desk – Integration with EOC & MACC

  - Flexible Communications and Coordination

Democratic National Convention

- Impact Localized – Away from Population Center
- No Direct on Healthcare Access
- Protester Area Defined and confined
  - Contingencies for Pop-up disruptive events
- Healthcare Surge Contingency Plan updated
  - Pre-staged assets
- EOC / Healthcare Coordination Desk Open
  - Patient / encounter tracking- syndromic surveillance
  - ED activity and Bed Status Tracking
  - Integration with EOC / MACC

Questions and Answers

Closing Remarks

Shayne Brannman, MS, MA

Director, ASPR TRACIE

For additional support

- Check out the resources linked in the presentation

- Contact your NHPP Field Project Officers

- Contact ASPR TRACIE

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