



MRC Role in Developing and Exercising Community Alternate Care Site (ACS) Plans



County of San Diego
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Introductions

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Disclosure Statement

- Dr. Devereaux – Nothing to disclose.
- Dr. Miller – Nothing to disclose.
- Jack Walsh & Melissa Dredge – County employees; nothing further to disclose.

Objectives

- Examine San Diego MRC medical responses and ACS exercises
- Identify concerns of using medical volunteers in mass medical care environments.
- Showcase methods for the effective use of volunteers in planning and exercises.
- Discuss future directions

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Alternate Care Site (ACS) Definition

- Temporary health care facility during an emergency
 - Schools
 - Community Centers
 - Convention Centers
 - Faith-based Facilities
 - Hangers
 - Portable shelters/tents

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Why an ACS?

- Earthquakes
- **Firestorms**
- Pandemic Influenza
- Power grid failure

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Surge Requirements: San Diego County

- 6,000 beds
- Surge to 12,000
- Needs according to state 1750 additional beds
- LTC can give 1,000
- Alternate care sites for 750

According to CDC Flu Surge Calculator 2006

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What does this mean for San Diego ?

- 15 sites for 50 patients each?
- 7 sites 100 plus patients?
- CHA Committee in 07 figured 63 people to run a 50 bed ACS
- Close to 1000 trained individuals !!!

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County of San Diego Disaster Prep and Public Health

- EMS is home for Disaster Prep plan
- EMS is a subset of Public Health
- MRC is a program within EMS Disaster planning branch

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County of San Diego MRC

- Provide surge medical professionals to assist at:
 - Mass prophylaxis/vaccination sites
 - Field treatment/alternate care sites
 - Disaster shelters
- Activated and coordinated out of the EMS, Medical Operations Center

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County of San Diego MRC

- 870 Volunteers:
 - Physicians 136
 - Physician Assistants 12
 - Nurse Practitioners 54
 - Nurses 454
 - Pharmacists 92
 - Mental Health 16
 - EMS Professionals 36
 - Respiratory Therapists 5
 - Other Public Health/Medical 40
 - Non-Public Health/Medical 24

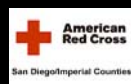


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MRC Local Partners



Our Partners



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MRC Responses

2003 Firestorm

- Within 48 hrs ARC opened 12 shelters
- 85 PHNs worked > 100 12-hr shifts

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MRC Responses

■ 2003 Firestorm Debriefing

- Overwhelming number of health issues at shelters
- Not ER cases, but beyond scope of treatment protocols at shelters (= ACS???)
- Huge number of maintenance prescriptions
- Medical supplies (oxygen/insulin)

■ *Challenge: How meet medical needs of victims in shelters?*

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MRC Responses

■ 2005 Katrina Evacuees

- Received 80 evacuees at San Diego ARC shelter
 - 35 seen by the MRC nurses & physicians
- Family assistance center
 - 547 more were seen by nurses from SDMRC and San Diego County Public Health

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MRC Responses

- 2007 Firestorm
 - 515,000 residents evacuated
 - 45 shelters
 - Evacuated:
 - 2 acute care hospitals
 - 1 psych hospital
 - 12 SNFs
 - 2,200 *medical patients*
 - 70 MRC volunteers deployed; >70 hours of care

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2007 Firestorm MRC Response: In Their Own Words

- Del Mar Fairgrounds – Dr. Devereaux
 - Activation
 - Response
 - Findings

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2007 Firestorm MRC Response: In Their Own Words

- San Diego High School – Dr. Miller
 - Activation
 - Response
 - Findings

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Drills and Exercises

- July 12, 2008 Pandemic Influenza ACS
 - First ACS drill
 - Established footprint
 - Can we really do this???

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Drills and Exercises

- November 14, 2008 Golden Guardian
 - Statewide earthquake drill
 - MRC receives State ACS cache
 - Collocated County Shelter

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Interactive Module: Firestorm

- 0200 Fire
- Reverse 911
- 500,000 evacuees
- Medical:
 - 2 acute care hospitals
 - 12 skilled nursing facilities
 - 2,200 patients moved in one day

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Interactive Module: Firestorm

- Discussion

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Interactive Module: Firestorm

- 45 shelters
 - Stadiums
 - Fairgrounds
 - Red Cross Shelters
 - Pop Ups

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Interactive Module: Firestorm

- Discussion

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Lessons Learned

- When does a location become an ACS?
- Your response capability is determined by:
 - Your highest trained clinician
 - Other available staff
 - Logistics support

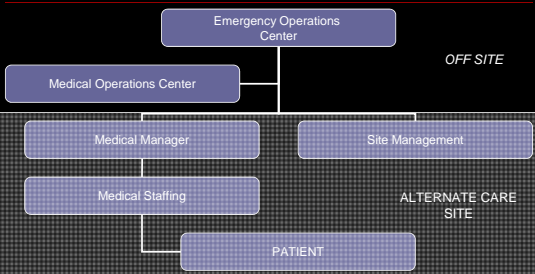
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Lessons Learned

- Command structure and medical volunteers
- Intersection with public health
- Realistic training requirements

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Medical Management



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Future

- Goal: To set up an MRC ACS as if the trained medical managers are incapacitated
- Develop standard protocols and order sets
- Prepare for the integration of private sector volunteers
- Keep up with technology!
 - Simulation training
 - Telemedicine
 - Robots
