



Disaster Behavioral Health Newsletter

Maine Center for Disease Control and Prevention; Public Health Emergency Preparedness

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DBH Training
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Special points of interest:

- Aftermath of Hurricane Sandy.
- RRCs new contributors for Newsletter.
- 2012 Exercise Report

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Hurricane Sandy's Impact on New England



<http://www.theatlantic.com/infocus/2012/10/hurricane-sandy-after-landfall/100396/>

Once again Maine 'dodged the bullet' and suffered far less damage than our New England partners. The Federal Emergency Management Agency (FEMA) has issued aid to New York, New Jersey, Connecticut and Rhode Island — all states that were granted federal assistance due to major disaster destruction by Hurricane Sandy. At least 56 Americans were killed and the cost of disaster support is already more than \$455 million in individual assistance, reports FEMA. More than 369,000 individuals in Connecticut, New York and New Jersey have registered for assistance. FEMA has deployed more than 7,700 personnel to support recovery operations. Emergency declarations have been made in Connecticut, Delaware, District of Columbia, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Virginia and West Virginia. The American Red Cross, Volunteers Organizations Active in Disasters, the Salvation Army, and other organizations continue to respond with personnel and supplies, to supplement efforts of 12,000 National Guard personnel, 3,000 Army Corps of Engineers, 4,000 U.S. Northern Command and 1,100 HHS personnel. Over 90,000 inspections for damage assessment have been completed in NY, NJ and CT. FEMA has been very active in social media as well, and has a fully automated assistance application on-line process for the affected states. SAMHSA's Disaster Distress Helpline has been very busy as well, and many resources are available for responders and volunteers through Lessons Learned Information Sharing, <https://www.llis.dhs.gov>

2012 Exercise Initiates the HSEEP Process

This year's exercise began the first stage of our Homeland Security Exercise Evaluation Program (HSEEP) process required by federal funding sources. We first heard reports from Vermont's on-line staff about their response Tropical Storm Irene throughout the prior year after. Twenty-four DBH volunteers then engaged in responding to scenarios introduced by Scott Parker, Preparedness Consultant, to investigate how familiar they were with communications, deployment and response protocols. We learned there is more work to do! One immediate step is to ask DBH volunteers to be familiar with the contents of our Standard Operating Procedures and the appendix that contains the Family Assistance Plan. More to come on how we will continue the process to develop a full scale drill in 2013!

ABOUT MAINE'S REGIONAL RESOURCE CENTERS

NE-MRRC

Campus of Eastern Maine Medical Center—43 Whiting Hill Road, Brewer, ME 04412
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Kathy Knight, Director
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C-MRRC

Campus of Central Maine Medical Center—364 Maine St., Lewiston, ME 04240
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John Bastin, Director
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S-MRRC

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22 Bramhall St., Portland, ME 04102
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Paul Weiss, Director
<http://www.SMRRC.org>

SMRRC Update: SMRRC Update: SMRRC has been active in Emergency Planning and preparedness. We participate and run regional and hospital exercises and drills. SMRRC was in an exercise at Spring Harbor Hospital that involved a hostage code silver event including a difficult patient that was "abducted" by her armed husband. It involved hospital emergency planning officials, Westbrook PD and County EMA. A second drill at the former Brunswick Naval Air base included the Maine Air National Guard Civil Support Team and Parkview Hospital included a chemical toxin and a terrorist event requiring decontamination. This past week SMRRC worked on an Active Shooter exercise at Midcoast Hospital. In addition SMRRC has worked on development of a fully functional multi-skill Medical Reserve Corps with Cumberland County EMA.

The Office of Public Health Emergency Preparedness (OPHEP) of the Center for Disease Control and Prevention, Maine Department of Human Services partnered with Eastern Maine Medical Center, Maine Medical Center and Central Maine Medical Center, to create three separate **Regional Resource Centers** in the state complementing the existing State Regional Trauma Centers. The Northeastern Maine Regional Resource Center (NE-MRRC), Southern Maine Regional Resource Center (SMRRC), and the Central Maine Regional Resource Center (CMRRC) were started in February 2004, and charged with developing comprehensive plans for a coordinated healthcare response to bioterrorism and other public health emergencies within their respective regions. A major secondary role includes managing funds allocated to improve each regions emergency response infrastructure.



These Regional Resource Centers are collaborative ventures involving all key partners within each regions catchment areas including hospitals, rural health clinics, federally qualified health centers, emergency medical service providers, home health agencies, nursing homes and long-term care facilities, mental health agencies, substance abuse agencies, municipal health officers, municipal health departments, tribal health departments and health centers, county emergency management agencies, local emergency planning committees, American Red Cross Chapters, and schools. Funding from the Center for Disease Control and Prevention, Maine Department of Human Services allows the Regional Resource Centers to directly sponsor activities for the improvement of emergency healthcare preparedness. Specifically, these activities include:

Coordinating and assuring that the DHHS statewide public health emergency preparedness priority actions are communicated and implemented appropriately throughout the region:

- Early detection of bioterrorism events through interagency coordination and collaboration with laboratories, and promotion of infectious disease reporting region-wide,
- Coordinate communication initiatives including service as a hub for the Health Alert Network (HAN), and developing a regional health risk communication plan,
- Coordinate and implement public health emergency preparedness initiatives related to training of health professionals.

Evaluate the region's current capabilities, develop a regional emergency response plan for healthcare that will complement existing plans, determine priorities for funding, and determine grant awards to undertake equipment purchases and/or capital improvements to address annual priorities including:

- Adequate hospital bed capacity for a natural, accidental or WMD event
- Capacity for the isolation and treatment of biologically exposed patients
- Heightened EMS coverage in response to a mass casualty incident
- Immediate deployment of additional patient care personnel to meaningfully increase hospital patient care surge capacity
- Receiving, staging, storing and dispensing of assets from the Strategic National Stockpile and the Maine Pharmaceutical Cache
- Adequate personal protective equipment (PPE) and portable or fixed decontamination systems for managing exposed patients
- Regional response to terrorist attacks resulting in injuries due to explosions, including burns and trauma
- Addressing psychological health needs and their behavioral manifestations during and following a public health emergency
- Development of redundant, radio-based communication system between healthcare providers, the RRC, public safety, public health and emergency management agencies within the region