Enhancing Security during Public Health Emergencies

“On the Safe Side”
Oklahoma City Bombing

- 842 physical injuries were reported
- 770 injuries, including 167 deaths directly related to the blast
- 72 injuries, including one death resulted from the search and recovery
- 12 million phone calls attempted in the first two hours

Oklahoma City Bombing

- Majority of medical response took place in first two hours.
- 18 hospitals in metro area.
- Most injured were taken to 6 hospitals closest to the bomb site.
- 400 doctors and nurses rushed to the hospitals closest to the scene.
- Two physicians caring for everyone of the 202 patients.
Oklahoma City Bombing

• 1,800 “911” (emergency calls) in the first hour received busy signals.
• One hour and twenty-eight minutes into the event all hospitals lost phone and radio contact with local EMS.
• Communication issues caused agency to agency problems resulting in confusion, and poor distribution of medical personnel and wasted supplies.

Tokyo Subway Sarin Attack

• 500 victims within the first few hours
• More than 5,500 in all sought medical evaluation
• Some victims were very sick from the nerve gas and 12 people died the vast majority were acute psychological casualties
When Disaster Strikes

- Majority of the injured self report to healthcare facilities or gain transport outside the EMS system.
- Patient tracking among multiple health facilities become difficult.
- A Healthcare facility’s capacity and capability can very quickly get overwhelmed.
The crash happened when a train heading through the town around 2:45 a.m. barreled on to a side track and smashed into several parked railcars. A tanker car carrying chlorine ruptured, causing a dense and highly toxic cloud of the gas to spread through the mill town. Federal investigators say the crew of the parked train failed to flip a switch.

The Graniteville crash killed nine people and injured 250 more. It was the deadliest train wreck involving hazardous material in nearly three decades.

Authorities evacuated homes and businesses within a mile of the crash, affecting about 5,400 people. Some were out of their homes for more than a week.
Building Partnerships For Public Health Emergencies

- Law Enforcement
- Hospitals
- Public Health

Hospital Security In Mass Surge

Public Health Emergencies
Hospital Preparedness

• “Few, if any hospitals in America today could handle 100 patients suddenly demanding care. There is no metropolitan area, no geographically contiguous area, that could handle 1,000 people suddenly needing advanced medical care in this country right now”

Tara J. O’Toole, M.D., M.P.H. Johns Hopkins Center for Civilian Biodefense Studies

Why People Go to Hospitals When Disaster Strikes

• To get care for their injuries
• To secure care for a friend
• To “get checked out”
• To ensure they were not effected or a loved one by an event
• Not to disrupt treatment or care to others or harm the hospital
Hospital Facts

- Critical Infrastructure
- Limited Security Capability
- Response Capability varies by hour of the day and day of the week
- Rely on local law enforcement for additional security
- Risk contamination before they realize an event has occurred

Levels of Security Required for Mass Surge events

- Depends on the nature of the event that caused the primary injury to the victims
- The number of victims and their level of injury
- Level of contamination
- Risk of secondary attack
Medical Surge Issues

- How do you control a large crowd of injured and worried well?
- How do you train staff to recognize a potential event?
- How do you manage the flow of people to maximize care and staff and patient safety?
- What security help can be obtained from communities?
- How quickly can they respond?
- Do responding officers know the plan to respond to the event or designated locations?

Medical Surge Events

- How do you notify staff?
- How do you get them to predetermined locations?
- Have you met with local LE and are they aware of your plan?
- How do you get medical supplies to the proper locations for use?
- How do you triage patients?
Medical Surge Events

• How do you control the environment?
• What has to be in place for fast implementation?
• What do hospitals need in their tool kit to provide security to facilities, staff and patients?
• What kind of training of staff and community partners is needed for implementation?

Mass Surge Hospital Security Toolkit

• Disasters can happen with a moments notice.
• Critical staff may not be in the facility or able to get there.
• Provides a resource for self evaluation and planning for mass surge events.
• Places information in one place for easy use.
On The Safe Side
A Security Planning Toolkit For Public Health Emergencies

Project Partnership

- SCDHEC Region 7
- Charleston County Sheriff’s Office
- State Law Enforcement Division
- University of South Carolina Center for Public Health Preparedness
Project Objective

- Develop a toolkit to enhance security planning for Public Health Emergencies
  - To engage law enforcement in planning for and responding to public health emergencies
  - To enhance security planning for points of dispensing
  - To enhance security planning for hospitals and alternate care sites during surge situations

Security Planning Toolkit

- Toolkit Components:
  - Law Enforcement and Healthcare Workshop Template
  - Point of Dispensing Site Security and Traffic Management Template
  - Hospital Surge Security Template
  - Security-Based Tabletop Exercise Template
  - Resource/Support Materials
Workshop Purpose

- Engage law enforcement in public health preparedness planning
  - Educate law enforcement about their role in public health emergencies
  - Raise awareness among public health and healthcare systems that law enforcement is a vital component of the public health infrastructure
Workshop Format

- Introduction
- Workshop Purpose/Goals
- Law Enforcement Authorities during Public Health Emergencies
- Security Planning for Points of Dispensing
  - Breakout Activity
- Healthcare Response: Experiences from the Field
- Hospital Security Planning
  - Breakout Activity

Workshop Evaluation

- Workshop Effectiveness
  - 90% rated “Good” to “Excellent”
- Workshop Satisfaction
  - 92% rated “Moderately” to “Strongly Satisfied”
- Overall Workshop Quality
  - 100% rated “Very Good” or “Excellent”
- Workshop Value
  - 97% rated “Agree” to “Strongly Agree”
Workshop Template Materials

- Workshop Planning Guide
- Save The Date Flyer
- Registration Form
- Workshop Agenda
- Participant Evaluation
- Program Evaluation
- Additional Resources

Point of Dispensing Site Security and Traffic Management Template
Point of Dispensing (POD)

• What is it?
  – Location established to deliver appropriate pharmaceuticals (prophylaxis / vaccination) to individuals

• What is the purpose?
  – Decrease the numbers of individuals who may get ill

POD Pre-Event Planning

• Site Selection

• Site Suitability Assessment

• Site Security & Traffic Management Assessment

• POD Field Operations Guide
POD Template Components

- Facility & Contact Information
- Facility Assessment - Exterior
- Facility Assessment - Interior
- General Facility Safety
- Product Security & Storage
- Facility Ingress & Egress
- Security Points for Patient Care
- Parking
- POD Flow
- Summary of Security Needs
- Appendixes - Site Diagrams

POD Template Evaluation

- Field Testing

- Subject Matter Expert Review
POD Template Materials

- POD Site Security and Traffic Management Plan
- User’s Guide
- Additional Resources

Security-Based Tabletop Exercise Template
Tabletop Purpose

• Test Point of Dispensing Template

• Test Hospital Template

• Plan for allocation of law enforcement resources

Tabletop Format

• Introduction

• Exercise Purpose

• Scenario Discussion
  – Hospital Security
  – POD Security

• Final Discussion / Recommendations
Tabletop Evaluation

- Structure and Organization
  - 97% rated “Agree” to “Strongly Agree”

- Refine security stakeholder responsibilities
  - 97% agreed this was accomplished

- Evaluate and test components of the templates
  - 84% agreed this was accomplished

- Improve security plan template procedures
  - 95% agreed this was accomplished

Tabletop Evaluation Continued

- Identify gaps in the security plan templates and identify methods to address these gaps
  - 92% agreed this was accomplished

- Valuable use of time
  - 97% agreed this was accomplished

- Network and build relationships
  - 98% agreed this was accomplished
Tabletop Template Materials

- Planning Guide
- Save The Date
- Registration Form
- Exercise Scenario
- Facilitator Guide
- Participant Guide
- Participant Evaluation
- Program Evaluation
What is NACCHO?

• NACCHO is The National Association of County and City Health Officials.

• NACCHO is a national organization representing local health departments. NACCHO supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems.

• NACCHO serves approximately 2800 local health departments nationwide and routinely monitors public health preparedness needs of its members.
What is an Advanced Practice Center?

• Each Advanced Practice Center (APC) is a local health department—one that has been tasked with addressing emerging issues in public health preparedness.

• APCs serve the public health community by providing tools and resources, educational materials, trainings, and technical assistance to help public health practitioners address local preparedness challenges.

The History of the APCs

• In 2003, NACCHO, in coordination with the Centers for Disease Control and Prevention, awarded five local health departments the opportunity to serve as Advanced Practice Centers.

• Three additional sites were selected and funded in 2004.
Current APC Locations

APCs Address Many Topic Areas

- Biosurveillance, Disease Detection, and Investigation
- Chemical and Radiological Preparedness
- Environmental Health
- Food Safety
- Mass Fatality Management
- Mass Medical Countermeasures
- Medical Surge Capacity
- Pandemic Influenza
- Partnerships and Collaborations
- Personal Preparedness
- Risk Communication
- Rural Health
- Training and Exercises
- Volunteer Management
- Vulnerable Populations
- And More...
Ongoing Assessment

• Every product produced by the APC is continually and independently evaluated to ensure it meets the needs of those working to prepare America’s communities.

Innovative Tools and Resources

• All APC products are FREE of charge.
• Many of the products are available in PDF format; others may need to be ordered from the NACCHO Bookstore.
• Many products are CUSTOMIZABLE to fit the needs and identities of local communities.
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