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# Intersecting Missions:

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

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# Report Documentation Page

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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





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# Traditional Roles & Functions

## Medical

Provision of Clinical Care  
Community Health  
Healthcare Management  
Research & Development

## Public Safety

Law Enforcement  
Criminal Investigations  
Fire Service

## Public Health

Communicable Disease Control  
Prevention  
Health Promotion  
Epidemiology





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# Intersection: Disaster Medicine





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# 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





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# 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

Excerpts - Dr. Erik Auf der Heide, CDC Atlanta





# “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





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# 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





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# 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 1<sup>st</sup> Civil Support Team





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# 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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