



“Lessons Learned, Forgotten, and Remembered”

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“Lessons Learned-But Forgotten”



It's Easy to Forget Stuff
Especially Under Duress



Lesson #1



- **Train and Exercise**

Train & Exercise





Train and Exercise



- California Capstone Exercise 2015
 - Cascadia Rising 2016
 - Anniston, Alabama



Intrastate – Interstate – Regional and Federal Assistance



**PACIFIC NORTHWEST EMERGENCY
MANAGEMENT ARRANGEMENT**



Beyond the Border

“Patient Movement Table Top?”



- The goal is to have improved ability to track and move patients across the Canadian and United States border
 - What are the Triggers for when Canada would ask for help from the U.S.?
 - What are the Triggers for when the U.S. would ask for help from Canada?
- Key Accomplishments include the following:
1. Year 1: Identification of current procedures for the movement and tracking of international patients
 2. Year 2: Identification of gaps between the two countries of the movement of international patients
 3. Consider a **“Patient Movement Table Top Exercise in 2016”**



Lesson #2



- **ADAPT AND COLLABORATE**

Stanley Cup & NBA Playoffs





Unaccompanied Children Mission Texas & Arizona





Lesson #3



- **Continuously Improve**



State Route 530 Slide -Lessons Learned-





What Worked-Lessons Learned

- **Medical Reserve Corps activation, resulted in:**
 - Staffing support at local Tribal clinic,
 - No National Disaster Medical System activation which could have increase response costs significantly.
- **“Real World” disaster: New or inexperienced public health staff paired with more experienced personnel**
 - Local and state health personnel gaining valuable experience in response operations for a public health and medical event
 - Local and state EOC experience
- **“Go Light, Go Fast”**
 - Feds way in the background
 - State and local empowerment
 - Federal support through subject matter expertise i.e., disaster mortuary affairs
 - Federal costs reduced and right sized to meet true local and state needs



Continuously Improve



SR 530 LANDSLIDE COMMISSION FINAL REPORT

December 15, 2014



What Needs Improvement

- **Fatality Management**
 - Develop improved local, state and federal plans
 - Develop fatality management mutual aid agreements
 - Exercise fatality management plans
- **Mental and Behavioral Health Coordination between FEDs and State partners**
 - Need for role clarity
 - Who leads
- **Tribal Disaster Declaration Process, resulted in:**
 - Federal, Tribal, state and local confusion over the process for how Tribes should request resources and support
 - Unclear roles among Federal agencies as to kind support to provide (e.g., I.H.S. , vs BIA, vs ASPR, vs FEMA)
 - **NEXT STEPS:** FEMA and HHS representatives to develop approaches for training, exercises and protocols for requesting federal assets



Assistant Secretary for Preparedness Response



Our Mission:

Lead the country in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters by supporting our communities' ability to withstand adversity, strengthening our health and response systems, and enhancing national health security



ASPR Works With Partners from Local Communities to Global Institutions



ASPR: Resilient People. Healthy Communities. A Nation Prepared.

Health & Human Services Regions



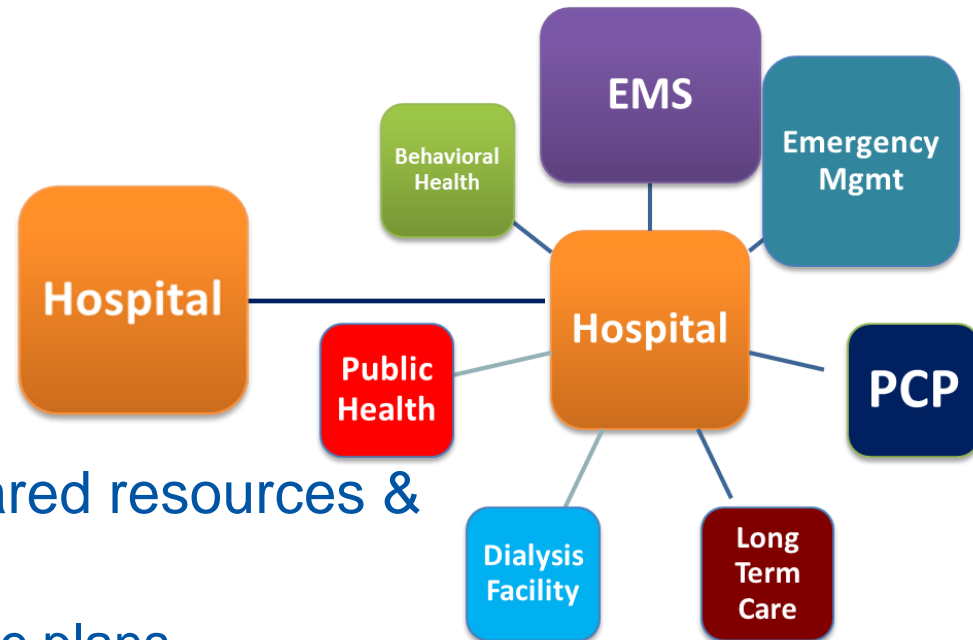


Regional Emergency Coordinators What We Do & Who We Are



- **Build lasting relationships** with our partners to maintain strong capabilities
- **Respond to national and international requests** for public health and medical assistance, and coordinate Federal personnel, equipment, and supplies
- **Advocates for State, Territorial, Tribal, & Local health** for prevention, protection, mitigation, response and recovery issues
- **Provide situational awareness** on emerging threats, existing vulnerabilities, and inter-governmental/inter-agency activities and issues

- Healthcare coalitions provide the key link among hospitals, public health, EMS, and emergency management
- Diverse membership including Long Term Care and dialysis facilities help strengthen regional ability & capability to respond
- Allows partners to leverage shared resources & share best practices
 - Share and coordinate response plans
 - Joint training and exercises to operationalize plans
 - Share equipment and supplies while resources are scarce



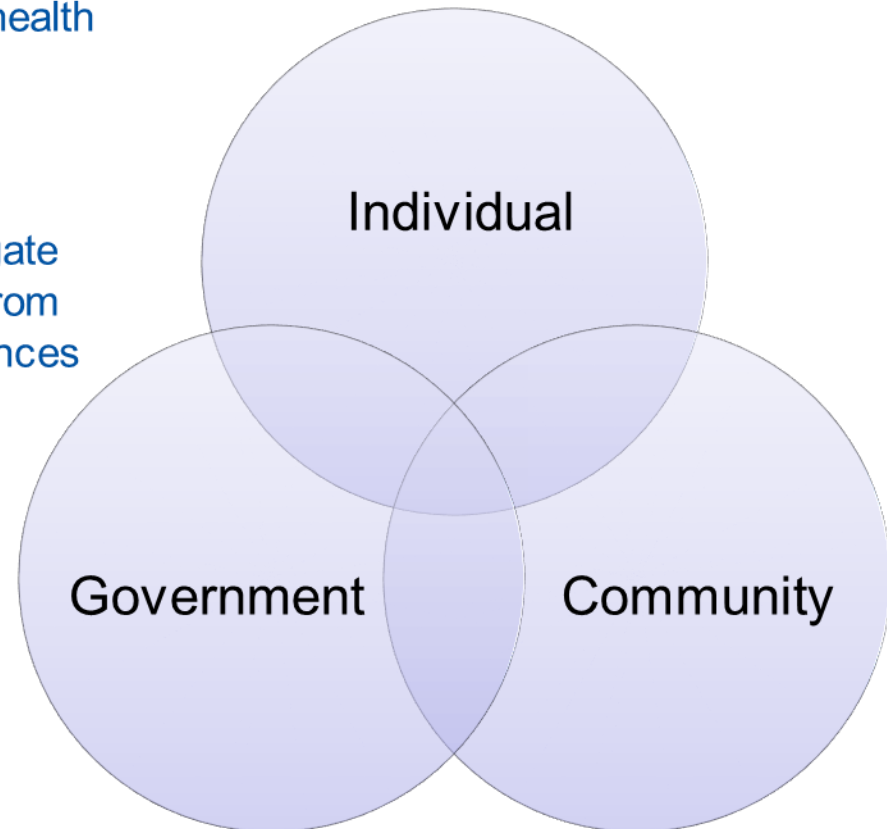


National Health Security Strategy (NHSS) strategically moves nation towards resilience



- Vision
 - A nation that is secure and resilient in the face of diverse incidents with health consequences, with people in all communities enjoying a high level of security against threats to their health and well-being
- Goal
 - To strengthen and sustain communities' abilities to prevent, protect against, mitigate the effects of, respond to, and recover from incidents with negative health consequences
- Guiding Principles
 - Strategic alignment
 - Evidence-based practice
 - Continuous quality improvement
 - Community involvement
 - Maximum benefit

NHSS is a national strategy that enlists community partners and shared responsibility among ALL segments of society.





What is National Health Security?



National health security is a state in which the Nation and its people are prepared for, protected from, and resilient in the face of incidents with potentially negative health consequences.





NHSS 2015-2018 Strategic Objectives



Build and sustain healthy, resilient communities.

Enhance the national capability to produce and effectively use both medical countermeasures and non-pharmaceutical interventions.

Ensure comprehensive health situational awareness to support decision-making before incidents and during response and recovery operations.

Enhance the integration and effectiveness of the public health, healthcare, and emergency management systems.

Strengthen global health security.

Strengthen global health security

- The nation will strengthen global health security and, as a result, its own health security.
- The nation will collaborate with international partners to develop global capacities and operational capabilities to prevent epidemics, detect threats early, rapidly respond to incidents, and support integrated recovery efforts.





Federal ESF-8 Toolbox



U. S. Government Emergency Resources



ASPR: Resilient People. Healthy Communities. A Nation Prepared.



HHS Coordinates federal Public Health and Medical response



- Supplement state, tribal, and local resources in response to a public health and medical disaster, potential or actual
 - Public health and medical care needs
 - Behavior health needs
 - Veterinary and/or animal health issues
- HHS supports other Agencies' e.g.,
 - Administration for Children & Families
 - Food and Drug Administration
 - Center for Disease Control
 - Indian Health Services



National Disaster Medical System



- **35 – 50 person team**
 - Physicians, nurses, paramedics, EMTs, respiratory therapists, pharmacists, communications, logistics
 - Self-contained for 3 days
 - Typical deployment is 2 weeks



Functions

- Augment local medical care
- Force protection / worker health and safety
- Medical and minor surgical stabilization
- Continued care and monitoring
- Evacuation to definitive medical care



- **Specialized Medical Teams**
 - International Medical / Surgical (can be used in US)
 - Medical Specialty Enhancement Team



Fatality Management

- **Disaster Mortuary Operational Response Team (DMORT)**
 - works under the guidance of local authorities
- **Victim Identification Center Team (ante mortem)**
 - Conducts family interviews, data collection, a place for the living



Emergency Medical Assistance

- **National Veterinary Response Team (NVRT)**

- 200 veterinarians, technicians, and support personnel
- Typically deployed as multiples of squads of 3 plus support



- **Response Teams**

- **Tier 1 – Respond in 12 hours**

- Rapid Deployment Force (RDF) -105 personnel
 - Regional Incident Response Team (RIST)
 - National Incident Response Team (NIST)



- **Tier 2 – Respond in 36 hours**

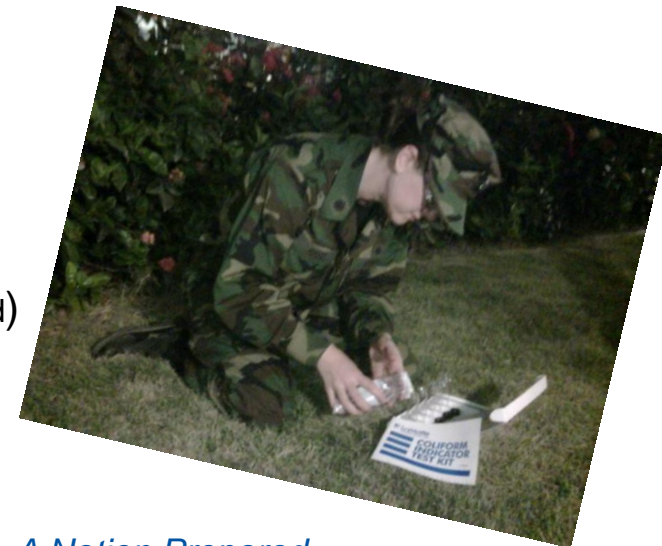
- Applied Public Health Team (APHT) - 47 personnel
 - Mental Health Team (MHT) - 26 personnel
 - Service Assess Teams (SAT) – 8 personnel

- **Tier 3 – Respond in 72 hours**

- Remainder of Corps

- **Tier 4 – Inactive Reserve Corps,**

Ready Reserve Corps (desired/proposed)





Commissioned Corps of the USPHS



Commissioned Corps of the USPHS



- **Uniformed service**
 - Medical and public health professionals
 - Personnel system within DHHS
 - Routine functions overlap with civil service
 - 6500 all-officer corps
- **Increasing disaster response role**
 - Incident command function
 - Specialized health/medical teams



**Division of Commissioned Corps Preparedness and Response
Readiness and Response Programs**

Medical Reserve Corps



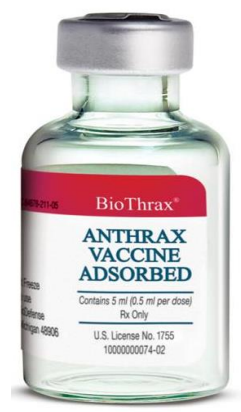


Biomedical Advanced Research and Development Authority (BARDA)

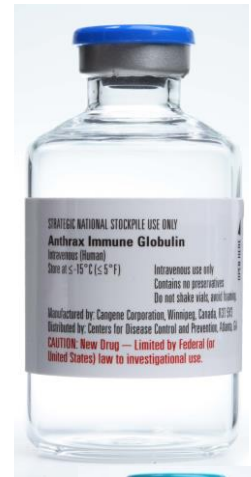
BARDA brought 11 MCMs to licensure under Project BioShield



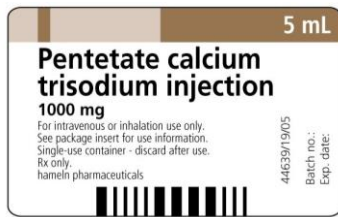
Smallpox



Anthrax



Botulism



Radiation



An additional 12 more products expected to be licensed by the FDA over the next 5 years

Chemical



Public Private Partnership Changed U.S. Vaccine Industry



GlaxoSmithKline Q-Pan H5N1 adjuvanted vaccine

- Using adjuvant to produce greater number of doses
- Cell-based influenza vaccine
 - Derived from cell cultures
 - Alternative to egg-based production
- Recombinant-based vaccine
 - Using an insect virus (baculovirus) and recombinant DNA technology
- Working towards a universal flu vaccine



First cell-based influenza vaccine manufacture facility in U.S. (Novartis):Dedicated Dec. 2011



Protein Sciences
fluBLOK
recombinant flu
vaccine



BARDA develops next generation treatment modalities



- Using Autologous Adipose-Derived Regenerative Cells (ADRCs) for treatment of thermal burns
 - stem cell-like characteristics and contribute to wound repair
 - ADRC can differentiate into several tissue types, such as bone, cartilage, fat, skeletal muscle, smooth muscle and cardiac muscle.
- Developing a more durable blood supply using spray-dried plasma
 - Easy to rehydrate
 - Simple storage and transportability
 - Longer shelf life



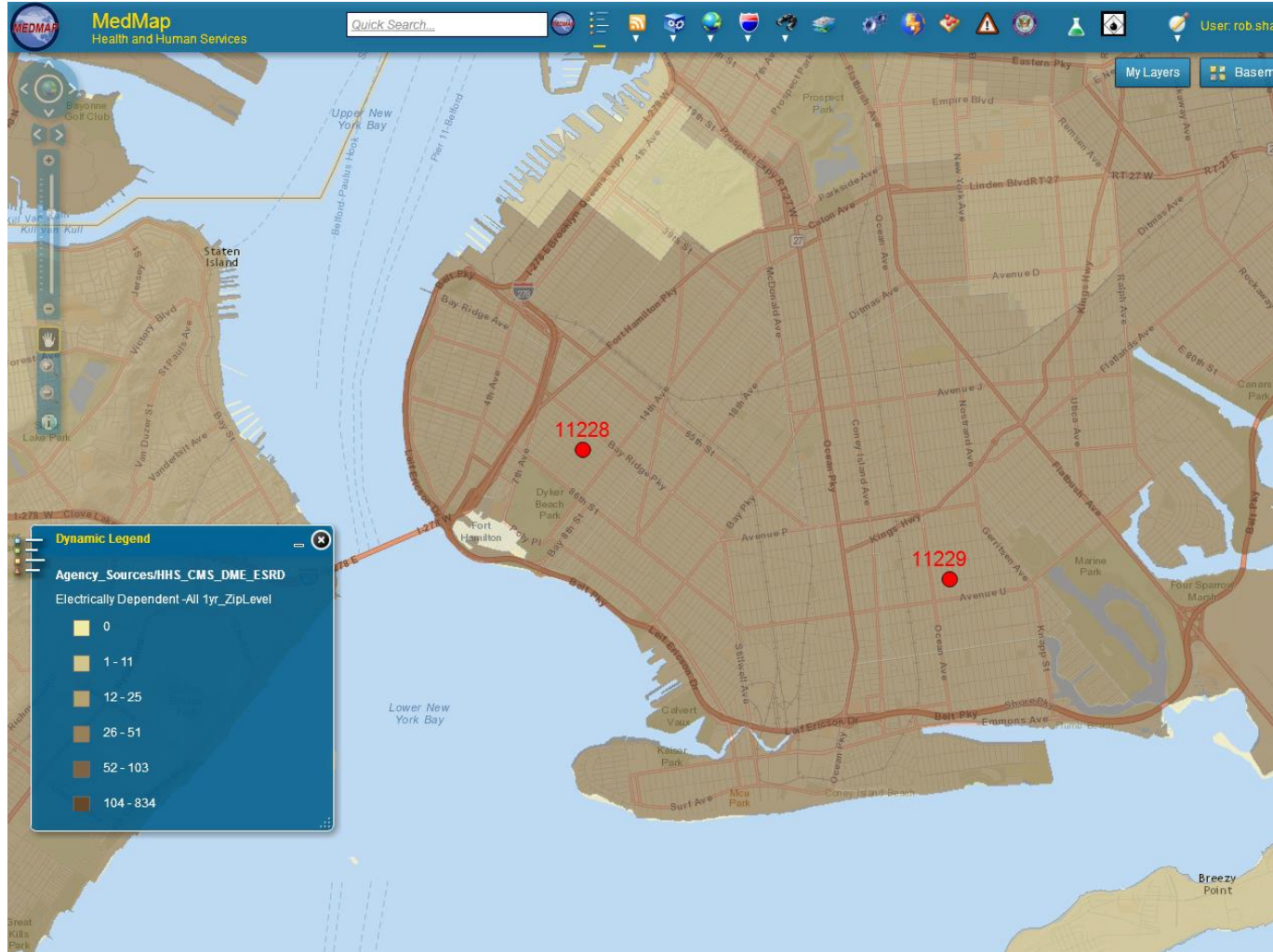
BARDA develops next generation treatment modalities

- Next generation ventilators that are portable and with expanded performance and reduced costs
 - Support from adults down to neonates with single device
 - universal component compatible with onboard pulse oximeter and capnograph, remote patient monitoring, and
 - User friendly for operation by unskilled or minimally trained care providers



- Portable point of care flu diagnostic devices with quicker results than the average PCR





Pilot Exercises Results

- Provide states/localities with ASPR data on Individuals identified as having an oxygen concentrator and/or ventilator
- State Department of Health, fire, EMS, and and volunteers visited identified homes during the exercise
 - 89% of individuals matched our records
 - 93% of DME matched our records
- Less than 5% had enrolled in city's Special Needs Registry

NOLA: Geographic distribution of a sample at-risk Population



At-Risk Resiliency Interactive Map
Data. Awareness. Preparedness. Resilience.



- Provide de-identified aggregate at-risk CMS data by state, county, and zip code layered over power outage and NOAA weather
- Inform decision making by emergency management, public health, aging services, non-profits, and other partners
- Prioritization of power restoration with electric companies
- Allocation of limited support services (shelters, generators, back up batteries)
- Help hospitals, EMS, and coalitions anticipate and emergency plan for surge
- Anticipate potential need for EMAC requests



ASPR T.R.A.C.I.E



- Technical Resources, Assistance Center & Information Exchange
- WHAT IS TRACIE?
 - Information Gateway
 - Federal, state, local, tribal, non-profits
 - Provides information and resources to:
 - Improve preparedness.
 - Response
 - Recovery and
 - Mitigation



HHS programs support local/state needs



- SAMHSA Disaster Distress Helpline: 800-985-5990
- CMS Section 1135 Waiver
 - HHS Secretary may waive or modify certain Medicare, Medicaid, CHIP, and HIPAA requirements
- Emergency Prescription Assistance Program (EPAP)
 - EPAP provides co-pay coverage of prescription and DME for uninsured or underinsured victims
- Advanced Registration and Credentialing (ESAR-VHP)
 - System allows states to register and confirm credentials of volunteer health professionals pre-event
- Recovery assistance and coordination of health and social services

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“Thank You” Cross Border Conference- 2014



ASPR: Resilient People. Healthy Communities. A Nation Prepared.